



National Shiba Club of America Inc.

Membership Application

Please print in ink or type

Full Name(s): _____
Applicant #1 _____ Applicant #2 _____

Address: _____

#1 Phone #: _____ Email Address: _____ Occupation: _____

#2 Phone #: _____ Email Address: _____ Occupation: _____

Check which type of membership you are applying for:

Individual \$30 _____ Household \$45 _____ Junior (Free) _____

Foreign Canadian/Mexican \$40 _____ Foreign Outside of North America \$55 _____

Junior's Age: _____ Junior's Birth Month/Year: _____

Parental consent to have the Junior's name listed on the NSCA Membership Roster? Yes _____ No _____

Parent/Guardian: _____ Signature of Parent/Guardian: _____

For applications accepted after June 1st, dues shall be 1/2 of the stated amounts.

List all dog clubs and organizations with which you are, or have been affiliated:

Name of Club/Organization

Position Held

<u>Name of Club/Organization</u>	<u>Position Held</u>
_____	_____
_____	_____
_____	_____

Check all that apply for all applicants: Dog Owner _____ Breeder _____ Exhibitor _____ Judge _____

Companion Events (Agility, Obedience, and Tracking) _____ Rescue _____

List breed/breeds of dogs owned, bred, or shown (give some detail): _____

Have you, or anyone in your household, ever been suspended by the American Kennel Club? No. _____ If yes, please explain: _____

Have you, or anyone in your household ever been suspended or denied membership by any dog-related club? No. _____ If yes, please explain: _____

Why do you want to become a member of the National Shiba Club of America Inc.? _____

Are you willing to serve on a committee? _____ If so, please indicate your preferences from the committee listed below:

_____ Awards	_____ Companion Events	_____ Judge Selection	_____ Sunshine
_____ Breeder Directory & Education Program	_____ E-News Magazine	_____ Judges Education	_____ Ways & Means
_____ Club Historian	_____ Health	_____ National Specialty	_____ Website
		_____ Public Education	

NSCA Member Endorsements

For Endorsers: The NSCA Board asks you take your endorsement seriously. Please respond to the following question: How long and under what circumstances have you known the applicant(s)? NOTE: If either endorsement date is over six months old, this application will be returned for resubmission with current endorsements/dates.

Endorser #1: _____

_____ Endorser #1 Signature _____ Print Name _____ Date

Endorser #2: _____

_____ Endorser #2 Signature _____ Print Name _____ Date

I/We have read the National Shiba Club of America Inc.'s *Constitution and By-Laws & Code of Ethics* and the *AKC Code of Sportsmanship* and agree to abide by those documents as a member of NSCA. I/We attest that the above statements are true and accurate, and I/We agree that any statements submitted regarding this application become the property of the National Shiba Club of America Inc.

_____ Applicant #1 Signature _____ Print Name _____ Date

_____ Applicant #2 Signature _____ Print Name _____ Date

Send application to membership via email: membership@shibas.org

Or send application and payment via postal mail to: **NSCA Membership**
29272 San Francisquito Cyn Rd
Santa Clarita, CA 91390

Membership Cost \$ _____

\$20.00 Optional Paper Mail Communication \$ _____

[There is no charge for electronic communication via the NSCA Announcement List.]

Total Amount Enclosed: \$ _____

Checks are to be made payable to: *National Shiba Club of America Inc.*

PayPal Payment to Dues@shibas.org

Date Submitted: _____

For Official Use Only

_____ Received Date _____ Published Date _____ Elected/Rejected Date _____ Notified Date _____ Email Auth. Form

