



# National Shiba Club of America Inc. Membership Application

Please print in ink or type

Full Name (s) \_\_\_\_\_  
Applicant #1 Applicant #2 (Household Only)

Address: \_\_\_\_\_

#1 Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

#2 Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Check which type of membership you are applying for; each type requires a separate form.**

Individual \$30 \_\_\_\_\_ Household \$45 \_\_\_\_\_

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

Junior (Free) \_\_\_\_\_ Junior's Age: \_\_\_\_\_ Junior's Birth Month/Year: \_\_\_\_\_

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

Name of Parent: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_

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:

<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                                | _____ E-News Magazine     | _____ Judge Selection    | _____ Standing Rules |
| _____ Breeder Directory & Education Program | _____ Futurity & Maturity | _____ Judges Education   | _____ Sunshine       |
| _____ Companion Events                      | _____ Health              | _____ National Specialty | _____ Ways & Means   |
|   | _____ Historian           | _____ Public Education   | _____ Website        |

**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 in regard to this application become the property of the National Shiba Club of America Inc.

\_\_\_\_\_ Applicant #1 Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date

\_\_\_\_\_ Applicant #2 Signature (Household Only) \_\_\_\_\_ Print Name \_\_\_\_\_ Date

Send application to membership via email: [membership@shibas.org](mailto:membership@shibas.org)

Or send application and payment via postal mail to: **Judith Williamson, Membership Chair**  
**P.O. Box 311**  
**Keyport, WA 98375**

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](mailto:Dues@shibas.org)

**Date Submitted:** \_\_\_\_\_

**For Official Use Only**

\_\_\_\_\_ Received Date \_\_\_\_\_ Published Date \_\_\_\_\_ Elected/Rejected Date \_\_\_\_\_ Notified Date \_\_\_\_\_ Email Auth. Form

**Authorization – Use of Email**

The National Shiba Club of America Inc. has adopted email communication, unless otherwise defined in the C&BL, as a method of notification for club meetings and other club notices which may include but are not limited to dues notices or reminders, judge selection, minutes, newsletters and surveys. This is to comply with AKC Club Relations Policy:

[http://www.akc.org/pdfs/clubs/club\\_policies/ALL\\_CLUB\\_EMAIL\\_NOTIFICATION\\_Policy-Jan\\_2006.pdf](http://www.akc.org/pdfs/clubs/club_policies/ALL_CLUB_EMAIL_NOTIFICATION_Policy-Jan_2006.pdf)

All members are required to sign this authorization to activate email communication, to elect to receive only hard copy notifications via the US Postal Service [**\$20.00 surcharge**], or to choose not receive any notifications. Such authorization is revocable. The Club is released from any liability should notifications be received late or not received by a member or board member due to circumstances beyond the Club’s control.

Applicant #1                                  Email  
 Authorization:                              Address: \_\_\_\_\_

- \_\_\_ I will accept notifications by email.
- \_\_\_ I do not wish to receive notifications; exceptions may apply at the discretion of the Board.
- \_\_\_ I wish to receive notifications by U.S. Mail at the address below. **Note:** \$20.00 fee applies.

Street Address	City & State	Zip Code
<i>Applicant #1 Signature</i>	Print Name	Date

Applicant #2                                  Email  
 Authorization:                              Address: \_\_\_\_\_

- \_\_\_ I will accept notifications by email.
- \_\_\_ I do not wish to receive notifications; exceptions may apply at the discretion of the Board.
- \_\_\_ I wish to receive notifications by U.S. Mail at the address below. **Note:** \$20.00 fee applies.

Street Address	City & State	Zip Code
<i>Applicant #2 Signature</i>	Print Name	Date