



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 Applicant (Free) _____

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

Junior's Name: _____ 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

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 &	_____ E-News Magazine	_____ Judges Education	_____ Ways & Means
_____ Education Program	_____ Health	_____ National Specialty	_____ Website
_____ Club Historian		_____ 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: **Lisa Shery, NSCA Membership Chair**
3211 S Barrington Avenue, Apt. A
Los Angeles, CA 90066

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

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

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 to receive any notifications. Such authorization is revocable. The Club is released from any liability s if notifications are 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

Applicant #1 Signature

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

Applicant #2 Signature

Print Name

Date