



North Star Havanese Club New Member Application

Thank you for your interest in the North Star Havanese Club

Make check out to **North Star Havanese Club**, return it with the application to:

NSHS Membership c/o Shannon Clouse PO Box 1807 Minnetonka, MN 55435

Applicant Name: _____

Co-Applicant (additional in household): _____

Street / PO Box Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Kennel Name: _____

Website: _____

Occupation: _____

Membership Dues Must Accompany this Application. Indicate Your Membership Type Here:

Single/Regular \$15/yr

Household \$25/yr

Associate (non-voting) \$10/yr

Junior \$10/yr

Before Your Membership is Accepted for a Vote of Approval, You MUST Attend at Least 1 Club Meeting

I/We are Interested in Participating with the Club in the Following Venues/Activities - note all applicable

Conformation Obedience/Rally Agility Therapy Social Events Nosework Barn Hunt

Other Activities - please detail: _____

How Many Dogs Do You Own? _____

Breed(s)? _____

Number of Years in Havanese? _____

Are Your Dogs Registered with AKC? _____

HCA? _____

If so, are You in Good Standing with the/these Club(s)? _____

If not, explain: _____

List the Names of Any Other Dog Clubs in Which You Hold Membership: _____

List Offices or Committee Positions You Have Held with other Clubs: _____

I/we understand that by signing this application I/we are verifying that I/we meet all membership requirements as stated below. I/we understand that the Club is not obligated to give a reason if membership is denied, and if application is denied, all moneys will be promptly refunded.

* Must own a Havanese (except for an Associate) * Must agree to abide by the by-laws and the Code of Ethics as outlined by our parent club The Havanese Club of America www.Havanese.org

* Must pay annual dues in a timely manner * Must not be under AKC disciplinary action

* Must complete the NSHC application and meet the minimum participation standards prior to being voted in by a majority of the NSHC Board Members

I/we certify that the above information is true and correct to the best of my/our knowledge. I/we also understand that false information or omission of data may be grounds for refusal of membership. All information is held in strict confidentiality.

Applicant Signature: _____

Co-Applicant(s) Signature(s): _____

Date: _____

Date Requirements Met: _____

Date Board Approved: _____



North Star Havanese Club

MEMBERSHIP RENEWAL FORM

NSHC Appreciates Your Continued Support and Participation in the Club

Don't let your membership lapse - Renewal Due by Feb 1st

Make check out to North Star Havanese Club and return it with the application to:

NSHS Membership c/o Shannon Clouse PO Box 1807 Minnetonka, MN 55435

Member Name (as it should appear in our directory):

Household Member Names:

Street / PO Box Address:

City, State Zip:

Phone:

Email:

Kennel Name:

Website:

Membership Dues Must Accompany this Renewal. Indicate Your Membership Type Here:

Single/Regular \$15/yr

Household \$25/yr

Associate (non-voting) \$10/yr

Junior \$10/yr

Kennel Name Listed on the NSHC Breeder Contact List \$10/yr

Kennel Name:

Breeder Name:

Website URL:

City/State:

Email address

I/We Enjoy Participating with the Club in the Following Venues/Activities - note all applicable

Conformation

Obedience/Rally

Agility

Therapy

Social Events

Nosework

Barn Hunt

Other Activities - please detail:

~ Must own a Havanese (unless associate member) ~ Must pay annual dues on time
~ Must not be under AKC disciplinary action
~ Must agree to abide by the by-laws and the Code of Ethics as outlined by our parent club The Havanese Club of America
www.Havanese.org

*** Breeders Page: Must be an Active Member - defined as having attended at least two meetings and/or events per year, and is measured by the previous year's participation. A Member/Breeder who has not met these minimum annual requirements, may not have their name listed on the NSHC website / Breeder Page until the above obligations are met.**

I/we certify that all of the above information is true and correct to the best of my/our knowledge. I/we also understand that false information or omission of data may be grounds for membership review by the NSHC Board.

Member Signature:

Household Member(s) Signature(s):

Date:

Date Renewal Paid/Filed: