



# 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** - 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:** Endorsers must be members in good standing for 12 months prior, and from two separate households. If either endorsement date is over six months old, this application will be returned for resubmission with current endorsement and/or 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](mailto:membership@shibas.org)

Or send application and payment via postal mail to: **Lisa Shery, NSCA Membership Chair**  
**PO Box 2197**  
**Sequim, WA 98382**

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 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