

HCNA

HOVAWART CLUB OF NORTH AMERICA

MEMBERSHIP APPLICATION

Name:

Address:

.....

Phone: Fax: E-mail:

Dog(s):

Color: Black Blond Black & Tan Sex: M F

Color: Black Blond Black & Tan Sex: M F

Registered with: HCNA Other: No.:

Registered with: HCNA Other: No.:

[Note: Above dog information is for membership data bank purposes and is not a registration of your dog. Should you wish to register your dog(s) with HCNA you must do so separately using an official HCNA Hovawart Registration form]

Applying for: Individual Membership Family Membership

In signing this application I promise:

- 1) To abide by the Constitution and By-Laws of Hovawart Club of North America*
- 2) Not to participate in any breedings that are not authorized by the Breeding Director of Hovawart Club of North America or a FCI recognized Hovawart Club in another country*

.....

Signature

.....

Date

Send with a check of \$35 (individual membership) or \$55 (family membership), payable to *Hovawart Club of North America*, to:
Alecia Loveless, Hovawart Club of North America Treasurer,
2370 Main St., Bethlehem, NH 03574