

# 2017 HCNA Membership Application

We are updating our membership database (new or renewals) for 2017.

Several fields are required. (Indicated by the red asterisk **\*** )

Name **\***

<input type="text"/>	<input type="text"/>
First Name	Last Name

Address **\***

<input type="text"/>	
Street Address	
<input type="text"/>	
Street Address Line2	
<input type="text"/>	<input type="text"/>
City	State / Province
<input type="text"/>	<input type="text"/>
Postal / Zip Code	Country

E-mail **\***

Is this the e-mail address you'd like associated with your Basecamp access? **\***

☐ Yes

☐

Home Number **\***

<input type="text"/>	-	<input type="text"/>
Area Code		Phone Number

Cellular Number

<input type="text"/>	-	<input type="text"/>
Area Code		Phone Number

## HCNA Members List

We are working on creating a members list which will be accessible by your Basecamp login.

*Members who opt into the public list will be sharing the following information:  
Your name, e-mail address, city, and state.*

You will be able to change your preference upon your next membership renewal.

Would you like to be added to the public HCNA member's list? **\***

☐ Yes

☐ No

## 1st Dog

Registered Name

Call Name

Date of Birth

Month

Day

Year

Gender

☐ Male

☐ Female

Color

☐ Blond

☐ Black & Tan

☐ Black

Registered with

☐ HCNA

☐ FCI

☐ AKC-FSS

☐ UKC

☐ Other

## 2nd Dog

Registered Name

Call Name

Date of Birth

Month

Day

Year

Gender

☐ Male

☐ Female

Color

☐ Blond

☐ Black & Tan

☐ Black

Registered with

☐ HCNA

☐ FCI

☐ AKC-FSS

☐ UKC

☐ Other

## 3rd Dog

Registered Name

Call Name

Date of Birth

Month

Day

Year

Gender

☐ Male

☐ Female

Color

☐ Blond

☐ Black & Tan

☐ Black

Registered with

☐ HCNA

☐ FCI

☐ AKC-FSS

☐ UKC

☐ Other

### Terms and Conditions

In submitting this application I promise:

- ☐ To abide by the Constitution and By-Laws of Hovawart Club of North America
- ☐ Not to participate in any breeding's that are not authorized by Hovawart Club of North America.

All new & renewal memberships will be reviewed and approved by the board.  
Any membership not approved will be refunded their membership fee.

### Family Membership \*

- ☐ Yes, please change my individual membership to a family membership.
- ☐ No, Thank You.

### Additional Family Members

\* ☐ I have read and accept these terms and conditions.

### Payment

Payment through PayPal does NOT require a PayPal account. You may check out through PayPal using a regular credit card or your PayPal account. PayPal is the provider we use to process payments. Thank you for joining HCNA.

### My Memberships \*

- ☐ Individual membership \$ 55.00
- ☐ 2-Year Individual Membership \$ 90.00

Please issue your check payable to the Hovawart Club of North America  
and return it with your completed form to:

Nancy Parella  
344 Pines Lake Drive E, Wayne, NJ 7470

Thank you!