

# HOVAWART CLUB OF NORTH AMERICA 2018 MEMBERSHIP RENEWAL



## MEMBERS INFORMATION

Name:

Current address:

City:

State / Province:

Postal / ZIP Code:

E-mail

Home Number:

Cellular Number:

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

No Please use \_\_\_\_\_

### HCNA PUBLIC MEMBERS LIST

#### HCNA Members List

We have public 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.

**If this question is left blank, We will be presumed you want to be added to the list.**

Would you like to be added to the public HCNA member's list for 2018?

Yes

No

### HOVAWART INFORMATION

	1 <sup>st</sup> Dog	2 <sup>nd</sup> Dog	3 <sup>rd</sup> Dog
Registered Name:			
Call Name:			
Date of Birth:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Color:	<input type="checkbox"/> Blond <input type="checkbox"/> Black & Tan <input type="checkbox"/> Black	<input type="checkbox"/> Blond <input type="checkbox"/> Black & Tan <input type="checkbox"/> Black	<input type="checkbox"/> Blond <input type="checkbox"/> Black & Tan <input type="checkbox"/> Black
Registered with:	<input type="checkbox"/> HCNA <input type="checkbox"/> FCI <input type="checkbox"/> AKC-FSS <input type="checkbox"/> UKC <input type="checkbox"/> Other: _____	<input type="checkbox"/> HCNA <input type="checkbox"/> FCI <input type="checkbox"/> AKC-FSS <input type="checkbox"/> UKC <input type="checkbox"/> Other: _____	<input type="checkbox"/> HCNA <input type="checkbox"/> FCI <input type="checkbox"/> AKC-FSS <input type="checkbox"/> UKC <input type="checkbox"/> Other: _____

### MEMBERSHIP TYPES

After March 1<sup>st</sup>, an additional **\$10 late fee** payment will be added to the membership cost.

Individual Membership

**\$55.00**

2-Year Individual Membership

**\$90.00**

Please convert my membership to a family membership for free.

Family Members Name:

### TERMS & 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 memberships will be reviewed by the HNCA board for approval. Any membership not approved will be refunded the membership fee.

### PAYMENT

For Canadian and foreign members, please send bank drafts or money orders payable in US funds.

Please issue your check or money order payable to: **The Hovawart Club of North America** and return it with your completed form to: Nancy Parella at 344 Pines Lake Drive E, Wayne, NJ 7470