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 *

First Name

Last Name

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

E-mail *

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

- [ ] Yes
- [ ]

Home Number *

Area Code - Phone Number

Cellular Number

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 $ 45.00
- ◯ 2-Year Individual Membership $ 80.00

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!