



Heart of America Newfoundland Club Application for Membership

Please return the completed application with ALL signatures along with your dues (payable to HANC) to:
Jane Kasten, 8304 Cherokee Ln, Leawood, KS 66206

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____

Mobile Phone: _____ Occupation: _____

Please list all Newfoundland Dogs you own: (list additional dogs on back of sheet)

Dog's Name: _____ Age: _____ Spayed/Neutered? Y/N _____

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Do you own other breeds of dogs? Y/N _____ If so, how many? _____

Are you a member of the Newfoundland Club of America? Y/N _____

What activities would you be interested in participating in or helping with? Check all that apply:

Water Work ___ Carting/Draft Work ___ Conformation/Shows ___ Newsletter ___ Membership ___

Therapy Work ___ Social Functions/Hospitality ___ Website ___ Obedience/Rally ___ Seminars ___

Fundraising ___ Parades ___ Education ___ Historian/Librarian ___ Rescue (fostering or transporting) ___

Why do you wish to join the Heart of America Newfoundland Club?

*Note: All applicants are required to have two sponsors (current HANC Members from different households). In addition, all applicants applying for **General** Membership must attend AND help with one club activity before their membership application is published in the club newsletter, Heart Line. Membership applications must be published prior to the application being submitted to the general membership for approval.*

Check the membership level you are applying for:

___ General (voting) \$25.00 ___ Associate Membership (non-voting) \$20.00 ___ Junior (under 18, non-voting) \$20.00

To meet the General Membership requirement, I have worked at the following Heart of America Newfoundland Club function:

Event: _____ Date: _____

I agree to abide by the constitution and bylaws of the Heart of America Newfoundland Club, and the rules of the American Kennel Club. Please have spouse sign and include email/phone if they would like to be listed in the member roster and receive a separate newsletter.

Primary Member's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Spouse's Email: _____ Phone: _____

Sponsor's Signature: _____ Date: _____

Sponsor's Signature: _____ Date: _____