

**HOVAWART CLUB OF NORTH AMERICA
2024 MEMBERSHIP RENEWAL**



MEMBER'S INFORMATION

Name:

Address:

City:

State/Province:

Zip Code/Postal Code:

E-mail:

Home Number:

Cellular Number:

If this is not the e-mail address you'd like associated with your Basecamp access please tell which to use _____

HCNA PUBLIC MEMBERS LIST

HCNA Members List

We have a public members list which will be accessible via 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 presume you wish to be added to the list.

Yes No

Would you like to be added to the public HCNA member's list for 2024?

HOVAWART INFORMATION (If you have more than three hovawarts, please email us at info@hovawartclub.org)

	1 st Dog	2 nd Dog	3 rd 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:	Blond Black & Tan Black <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Blond Black & Tan Black <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Blond Black & Tan Black <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Dog is:	Spayed Neutered Intact <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Spayed Neutered Intact <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Spayed Neutered Intact <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Registered with:	<input type="checkbox"/> HCNA <input type="checkbox"/> FCI <input type="checkbox"/> AKC-FSS <input type="checkbox"/> Other: _____	<input type="checkbox"/> HCNA <input type="checkbox"/> FCI <input type="checkbox"/> AKC-FSS <input type="checkbox"/> Other: _____	<input type="checkbox"/> HCNA <input type="checkbox"/> FCI <input type="checkbox"/> AKC-FSS <input type="checkbox"/> Other: _____

MEMBERSHIP TYPES

1 - Year Membership **\$55.00**

2 - Year Membership **\$90.00**

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 Hovawart breedings that are not authorized by Hovawart Club of North America.

All new 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: Matthew Douthat at 21 Grace Ave., Plattsburgh, NY 12901.