

Application for Membership
NORWEGIAN ELKHOUND ASSOCIATION OF AMERICA, INC.



INSTRUCTIONS:

1. Please type or print all information except signatures.
2. Besides the applicant's signature, this form must be personally signed by two sponsors who are members of the Norwegian Elkhound Association of America, Inc. ("NEAA")
3. For a combination membership (two individual members in the same household), all information on this application must be furnished regarding EACH member of the combination. Minimum age for membership is 18 years.
4. Acceptance into membership in the NEAA is based solely on Board action.
5. If approved for membership, I would like to receive the NEAA newsletter by (*check one*) ___ e-mail or ___ regular mail
 If regular mail is selected, there is a \$20 additional fee for print and postage coverage.
6. Mail completed application along with Dues payment (payable to NEAA) to:

Kathi Molloy, NEAA Corresponding Secretary 11 Saw Timber Dr Hilton Head, SC 29926

**Yearly Dues (please remit with Application): Individual Dues \$30.00 Family Dues (2 members) \$40.00
 Junior Membership (9 years to 17 years of age).....No Charge**

NAME OF APPLICANTS (S): _____

ADDRESS: Residence _____
 Business _____

TELEPHONE: Residence _____ Business _____ E-mail _____

KENNEL NAME (if any): _____

INTEREST IN ELKHOUNDS: How Long? _____ As Breeder: _____ Exhibitor: _____ Pet: _____

In what part of the state, or near what large city, do you live? _____

Certificate of Applicant(s):

- I (We) hereby apply for membership in the NEAA.
- I (We) agree to abide by the Constitution and By-laws of the Association and the Rules of the American Kennel Club.
- I (We) have read and agree to abide by the NEAA Code of Ethics.
- I (We) shall not knowingly sell any dogs for resale through any pet shop or mail-order house or for experimental purposes.
- I (We) certify that all information in this application is true and correct.

Date _____ (Signed) _____

Date _____ (Signed) _____

NEAA Member (Signed) _____

Address _____

NEAA Member (Signed) _____

Address _____

Please indicate by checking "Yes" or "No" if you are willing to have your name, address, and phone number included on a mailing list requested by an NEAA member and used at their discretion. Yes _____ No _____

FOREIGN APPLICANTS ONLY	
Please charge \$ _____ to my () Visa () MasterCard	Account # _____
Signature of Cardholder _____	Card Expires _____

Registered Elkhounds owned by you:

Indicate name of dog, AKC registration number, name of sire and dam, and name of breeder, championship, obedience, tracking, agility titles, and whether used for breeding.

Where did you purchase your Elkhounds? Breeder _____ Pet Store _____

Do you show your Elkhounds? Conformation _____ Obedience _____ Tracking _____ Agility _____

Other Dog Clubs

Name and address of other dog clubs to which you belong. _____

Are you or have you ever been an officer: _____

AKC Discipline

Have you ever been suspended or otherwise disciplined by the American Kennel Club? _____

If so, state full details, including dates, on a separate sheet and attach.

Are you engaged in any other business related to dogs?

Please specify.

Do you sell Elkhound puppies? _____ **How many litters per year?** _____

Average price of puppies? _____

Why do you wish to become an NEAA member? _____

Other information:

Please indicate what your profession is/was:

What do/did you do in your work assignment:

Do you have any special talents or hobbies that would be useful to NEAA?
