



The Havaneese Club of Northern California Club Membership Application

Please make sure you enter information in every space, even if you enter only "N/A". Don't forget your Havaneese AKC number and to sign at the bottom. By signing you are agreeing to the By-laws and Code of Ethics of HCNC, a local Havaneese Club recognized by the HCA. You agree to receive club correspondence electronically by your signature and can opt out of this option at any time. You must attend 2 HCNC functions/meetings within 1 year prior to submitting your application. Please list functions/meeting you have attended on the space below.

Name _____

Complete Address _____

Email Address _____ Phone _____ Web Site _____

Check the membership you are applying for:

- Regular membership \$20.00
- Household membership \$35.00
- Associate membership \$15.00
- Junior (no cost) must be under 18 and parent must be a member in good standing or applying to be a member.

Are you 18 years old or older?

- YES
- NO

Are you a member of HCA?

- YES
- NO

Are you a member of any other dog club, either Havaneese or All Breed?

- YES If "yes" what is the name of the club? _____
- NO

Please list the Havaneese you own or co-own (Use the back of this application if more space is needed)

REGISTERED NAME	SEX	CALL NAME	DOB	AKC #
-----------------	-----	-----------	-----	-------

NOTE: If you own a Havaneese Rescued dog, you must submit documents from the rescue that you got your Havaneese from showing they believed it to be a Havaneese.

Check your interests:

- Breeding
- Agility
- Obedience
- Rally
- Conformation

Please write a brief bio about yourself, your family, your dogs, and other interests both involving dogs and outside of dogs you may have. (Use the back of this page if you need more space or attach another page as this will be read to the membership)

What health testing have you done on your dogs? _____

Do you submit all health testing results to OFA and CERF?

- YES
- NO

Check if you have applicable experience or interested in helping with:

- | | |
|------------------------------------|-----------------------------------|
| <input type="radio"/> Graphic arts | <input type="radio"/> Fundraising |
| <input type="radio"/> Photography | <input type="radio"/> Grooming |
| <input type="radio"/> Newsletter | <input type="radio"/> Matches |
| <input type="radio"/> Trainer | <input type="radio"/> Banquet |
| <input type="radio"/> Handler | <input type="radio"/> Other _____ |

I/WE HEREBY APPLY FOR NEW MEMBERSHIP IN THE HAVANESE CLUB OF NORTHERN CALIFORNIA (HEREINAFTER REFERRED TO AS HCNC). I/WE AGREE TO ABIDE BY THE CONSTITUTION, BYLAWS AND CODE OF ETHICS OF THE HCNC AND THE RULES AND REGULATIONS OF THE AMERICAN KENNEL CLUB. THIS INCLUDES ANY CHARGES OF MISCONDUCT THAT MAY BE ALLEGED AGAINST ME BY ANOTHER HCNC MEMBER. I ACKNOWLEDGE AND ACCEPT THE JURISDICTION OF THE HCNC BOARD OF DIRECTORS AS THE BODY DESIGNATED TO MANAGE THE AFFAIRS OF THE HCNC AND RESOLVE DISCIPLINARY ACTIONS PURSUANT TO THE CLUB'S CONSTITUTION AND BYLAWS.

IN CONSIDERATION OF BEING GRANTED MEMBERSHIP IN THE HCNC, I/WE HEREBY AGREE TO HOLD HARMLESS AND INDEMNIFY HCNC, IT'S OFFICERS AND BOARD OF DIRECTORS, OR ANY OF THEM, FROM ANY DEMANDS, COURT COSTS, ATTORNEY FEES AND ALL OTHER EXPENSES INCURRED IN THE DEFENSE OF ANY ACTION WHICH I MAY BRING, OR WHICH IS BROUGHT ON MY BEHALF, SINGULARLY OR IN CONJUNCTION WITH OTHERS, AND AGAINST THE HCNC, IT'S OFFICERS AND BOARD OF DIRECTORS, JOINTLY OR SEVERALLY, AND UPON WHICH I PROVE UNSUCCESSFUL UPON THE MERITS.

ADDITIONALLY, IN CONSIDERATION OF BEING GRANTED MEMBERSHIP IN THE HCNC, I/WE HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS AND INDEMNIFY EACH INDIVIDUAL OFFICER, MEMBERS OF THE BOARD OF DIRECTORS, AND MEMBER OF ANY TRIAL BOARD DULY APPOINTED BY THE BOARD OF DIRECTORS, REGARDING ANY REASONABLE ACTION TAKEN BY THEM IN THEIR DESIGNATED CAPACITIES FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, COURT COSTS, ATTORNEY'S FEES AND OTHER EXPENSES ARISING AS A RESULT OF ANY ACTION WHICH I MAY BRING, OR WHICH IS BROUGHT IN MY BEHALF, SINGULARLY OR IN CONJUNCTION WITH OTHERS, WHICH IS BROUGHT AGAINST ANY OF THEM, AND UPON WHICH PROVE UNSUCCESSFUL UPON THE MERITS.

I/WE HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT, AND FREELY AND WILLINGLY CONSENT TO ITS TERMS AND CONDITIONS.

1st SIGNATURE OF APPLICANT _____ DATE: _____

2nd SIGNATURE OF APPLICANT _____ DATE: _____

Sponsor Name: _____ Sponsor Phone _____

Sponsor Signature _____ Date _____

Your sponsor must be a HCNC member in good standing.

Make Check Payable to: **HCNC**
Mail application and check to:
HCNC
PO Box 1832
Orangevale, CA 95662-1772