



MEMBERSHIP APPLICATION

THE HEART OF AMERICA SAMOYED CLUB, INC.

Applications will be read at the first regular meeting of the HOASC following receipt of your application. **Your membership must be sponsored by two HOASC members in good standing.** Your application will be read and voted upon for final approval at the next regular Club Meeting. You should make every effort to be present at the first and second readings. (You can bring your dog with you to the meetings if you wish, provided s/he is on a lead!) Please include a short letter stating why you wish to join the HOASC. Include information about yourself and your Samoyed(s), and a check for annual dues. We look forward to meeting you!

APPLICANT(S) NAME (S): _____

ADDRESS _____

TELEPHONE (DAY) _____ (EVE) _____ KENNEL NAME _____

TYPE OF MEMBERSHIP DESIRED: - INDIVIDUAL (\$18/YEAR) FAMILY (\$25/YEAR) JUNIOR (\$6/YEAR)

HOW MANY SAMOYEDS DO YOU OWN OR CO-OWN? _____ PLEASE COMPLETE INFO FOR EACH DOG ON REVERSE SIDE OF THIS FORM. IF YOU NEED MORE ROOM, PLEASE ATTACH AN ADDITIONAL SHEET.

DO YOU OWN ANY OTHER BREEDS? YES NO IF YES, PLEASE LIST BREED, NAME AND AKC REGISTRATION NUMBERS FOR EACH DOG IN THE SPACE BELOW.

I AM INTERESTED IN: EXHIBITING - CONFORMATION OBEDIENCE JUNIOR SHOWMANSHIP
 BREEDING SLEDDING WEIGHT-PULLING TRACKING AGILITY
 HERDING RESPONSIBLE OWNERSHIP

DO YOU PLAN TO BREED? YES NO IF YES, PLEASE EXPLAIN WHY YOU WISH TO BREED YOUR DOG(S) AND WHAT YOUR GOALS ARE IN THE SPACE BELOW.

IF YOU DO PLAN TO BREED, DO YOU AGREE TO:

HAVE THE DOG(S) YOU WISH TO BREED X-RAYED AND OBTAIN A CERTIFIED OFA NUMBER? YES NO
HAVE THE DOG(S) YOU WISH TO BREED EXAMINED BY A CERTIFIED VETERINARY OPHTHALMOLOGIST TO DETERMINE WHETHER IT IS FREE OF HEREDITARY EYE DISEASES? YES NO
ABIDE BY THE AMERICAN KENNEL CLUB'S SAMOYED BREED STANDARD? YES NO

HAVE YOUR AKC PRIVILEGES EVER BEEN SUSPENDED OR REVOKED? YES NO IF YES, EXPLAIN BELOW.

ARE YOU A MEMBER OF ANY OTHER DOG CLUBS OR DOG-RELATED ORGANIZATIONS? YES NO IF YES, PLEASE LIST BELOW.

I (WE) HAVE RECEIVED A COPY OF THE HOASC'S CURRENT BY LAWS AND THE SAMOYED CLUB OF AMERICA'S CODE OF ETHICS, AND DO HEREBY AGREE TO ABIDE BY THEM.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF APPLICANT _____ DATE _____

PRIMARY SPONSOR _____ SECONDARY SPONSOR _____

DOG OWNERSHIP INFORMATION

PLEASE GIVE COMPLETE INFORMATION FOR EACH DOG YOU OWN OR CO/OWN.

AKC REGISTERED NAME _____

CALL NAME _____ AKC NUMBER _____ DATE OF BIRTH _____

BREEDER(S) _____ ADDRESS _____

SIRE'S AKC REGISTERED NAME & NUMBER _____

DAM'S AKC REGISTERED NAME & NUMBER _____

AKC REGISTERED NAME _____

CALL NAME _____ AKC NUMBER _____ DATE OF BIRTH _____

BREEDER(S) _____ ADDRESS _____

SIRE'S AKC REGISTERED NAME & NUMBER _____

DAM'S AKC REGISTERED NAME & NUMBER _____

AKC REGISTERED NAME _____

CALL NAME _____ AKC NUMBER _____ DATE OF BIRTH _____

BREEDER(S) _____ ADDRESS _____

SIRE'S AKC REGISTERED NAME & NUMBER _____

DAM'S AKC REGISTERED NAME & NUMBER _____

AKC REGISTERED NAME _____

CALL NAME _____ AKC NUMBER _____ DATE OF BIRTH _____

BREEDER(S) _____ ADDRESS _____

SIRE'S AKC REGISTERED NAME & NUMBER _____

DAM'S AKC REGISTERED NAME & NUMBER _____

AKC REGISTERED NAME _____

CALL NAME _____ AKC NUMBER _____ DATE OF BIRTH _____

BREEDER(S) _____ ADDRESS _____

SIRE'S AKC REGISTERED NAME & NUMBER _____

DAM'S AKC REGISTERED NAME & NUMBER _____

AKC REGISTERED NAME _____

CALL NAME _____ AKC NUMBER _____ DATE OF BIRTH _____

BREEDER(S) _____ ADDRESS _____

SIRE'S AKC REGISTERED NAME & NUMBER _____

DAM'S AKC REGISTERED NAME & NUMBER _____

ANY COMMENTS/SUGGESTIONS ABOUT HOW THE HOASC CAN ASSIST NEW MEMBERS?



MEMBERSHIP APPLICATION

SPONSOR SECTION

THE HEART OF AMERICA SAMOYED CLUB, INC.

NEW MEMBER SPONSORS —

PLEASE BE AWARE OF THE FOLLOWING HOASC SPONSORSHIP REGULATIONS,
Effective January 1, 1993:

- A sponsor must be a member in good standing of the Heart of America Samoyed Club for a minimum of Twelve (12) consecutive months.
- Members may be the primary sponsor of two (2) new members per year, unless the sponsor is currently a member of the HOASC Membership Committee.
- The primary sponsor must have visited the Applicant's home and/or kennel at least once within the last six months. *(This requirement may be waived for out-of-state members with approval of the HOASC President.)*

PRIMARY SPONSOR

I HEREBY AGREE TO SPONSOR (APPLICANT(S) NAME (S)): _____
who is/are applying for membership in the Heart of America Samoyed Club. I have known the applicant(s) for _____
months.

COMMENTS: _____

SIGNATURE _____ DATE _____

SECONDARY SPONSOR

I HEREBY AGREE TO SPONSOR (APPLICANT(S) NAME (S)): _____
who is/are applying for membership in the Heart of America Samoyed Club. I have known the applicant(s) for _____
months.

COMMENTS: _____

SIGNATURE _____ DATE _____

APPLICATION RECEIVED BY: _____ DATE _____

APPLICANT(S) APPROVED FOR MEMBERSHIP BY HOASC: DATE _____