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| **HCA Membership Application**  [**www.havanese.org**](www.havanese.org) | **HCA logo_small.jpg** |

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| **A) Application Instructions:** | | | | | | | | | | | | |
| The Havanese Club of America (HCA) is an American Kennel Club (AKC) approved Parent Club and Member Club. It exists to protect and advance the interests of the Havanese breed, in accordance with its Constitution, Bylaws, and Code of Ethics. HCA Membership is open to serious Havanese owners and fanciers who meet minimum eligibility requirements and standards. If you wish to join the HCA, please complete this application in accordance with our Membership Policy (available on the HCA Website) and return it with a check for the appropriate membership type amount made payable to the HCA in US dollars to:  **Kathy Patrick (HCA RS), 8135 Helmsdale Drive, Sacramento, CA 95828**  Email questions to: Julie Vogel at: [giddyuphorse@msn.com](mailto:giddyuphorse@msn.com) | | | | | | | | | | | | |
| **B) Applicant Personal Information:** | | | | | | | | | | | | |
| Name: | | | | | Occupation: | | | | | | | |
| Co-Applicant Name: | | | | | Occupation: | | | | | | | |
| Mailing Address: | | | | | | | | | | | | |
| City: | | State/Province: | | | | | ZIP: | | | Country: | | |
| Email: | | | | | | | Home Phone: | | | | | |
| Kennel Name Prefix: | | | | | | | Cell Phone: | | | | | |
| Website: | | | | | | | | | | | | |
| **Type of Membership [annual dues amount] you wish to apply for (check one):**  **Regular Membership [$40].** Open to those 18 years of age and older who enjoy all privileges of the Club including the right to vote and hold office. Regular membership carries one vote.  **Household Membership [$45].** Open to two persons 18 years of age and older living at the same domicile with each person enjoying all privileges of the Club including the right to vote and hold office. Household membership carries two votes.  **Foreign Membership [$50].** Open to persons 18 years of age and older who live outside the United States (US). Foreign members are not eligible to vote or hold office, nor do they count in a quorum.  **Junior Membership [No Fee].** Open to persons 10 to 17 years of age. Junior members cannot vote or hold office. | | | | | | | | | | | | |
| Are you a resident of the US?  Yes  No | | | Are you a US citizen?  Yes  No | | | | | | | | | |
| **C) Junior Applicants must complete this Section.** | | | | | | | | | | | | |
| Birth Date: | Parent or Legal Guardian Name(s): | | | | | | | | | | | |
| **D) Requirement 1: Must own or co-own at least one AKC registered Havanese.** | | | | | | | | | | | | |
| List each Havanese over 6 months old you own or co-own (if you are responsible for them) in the table below. Attach an additional sheet if needed to list others. **Note:** A copy of at least one registration form per applicant is required. | | | | | | | | | | | | |
| **AKC Registered Name & Registration Number** | | | | | | **Sex**  **(M/F)** | | **Birth Date** | | | **Mo/Year Acquired** | **Spay/ Neuter** |
|  | | | | | |  | |  | | |  | **Yes** |
|  | | | | | |  | |  | | |  | **Yes** |
|  | | | | | |  | |  | | |  | **Yes** |
|  | | | | | |  | |  | | |  | **Yes** |
|  | | | | | |  | |  | | |  | **Yes** |
| **Health Testing:** CERF, OFA BAER, OFA Patella, OFA Cardiac, OFA Hip/LCP, and OFA Elbow tests are currently encouraged by the HCA Health Committee for breeding stock of the appropriate ages. Refer to the HCA Health web page at [www.havanese.org](http://www.havanese.org) for more information. Please describe what health testing you perform: | | | | | | | | | | | | |
| **E) Requirement 2: Must be in good standing with AKC and have no unresolved complaints with HCA.** | | | | | | | | | | | | |
| 1) Are you (and your kennel) currently in good standing with the AKC?  Yes  No  Have your AKC privileges ever been suspended?  Yes  No  If Yes, state when (month/year) the infraction occurred and describe the circumstances (include length of suspension and reinstatement date): | | | | | | | | | | | | |
| 2) Do you have any outstanding complaints filed with the HCA against you or your kennel?  Yes  No  If Yes, state when (month/year) the complaint was filed and describe the circumstances: | | | | | | | | | | | | |
| 3) Have you ever been suspended, expelled, or denied membership by another dog related club?  Yes  No  If Yes, state when (month/year) the infraction occurred and describe the circumstances (include length of suspension and reinstatement date): | | | | | | | | | | | | |
| 4) Have you ever engaged in trade or traffic of any dogs, which includes commercial breeders or brokers (buyers and sellers)  of dogs for resale?  Yes  No If Yes, please explain: | | | | | | | | | | | | |
| **F) Requirement 3: Must have Endorsement Forms completed by two eligible HCA members.** | | | | | | | | | | | | |
| List two eligible (refer to Membership Application Policy Sponsorship Requirements Section) HCA members who have agreed to complete an Endorsement Form. Note: Endorsement Forms submitted on your behalf must be completed by the sponsors listed. If they change for any reason, the applicant must submit a brief written (email is acceptable) explanation. | | | | | | | | | | | | |
| Sponsor 1 Name:  City/State:  Email:  Phone: | | | | Sponsor 2 Name:  City/State:  Email:  Phone: | | | | | | | | |
| It is preferred to have at least one of the Sponsors visit your home and facilities. Would you be willing to have a HCA Member (or delegate) visit your home?  Yes  No If No, please explain: | | | | | | | | | | | | |
| **G) Requirement 4: Must demonstrate ongoing interest with Havanese.** | | | | | | | | | | | | |
| 1) Are you a member in good standing of a HCA Recognized Local Club?  Yes  No  If Yes, enter Club name and year joined:  List offices held, committee(s) served on, and any volunteer activities: | | | | | | | | | | | | |
| 2) Have you attended a HCA Recognized Local Club Specialty or Event?  Yes  No  If Yes, enter the Club name, event type and years you attended:  List any volunteer position(s) you served in for these events: | | | | | | | | | | | | |
| 3) Have you attended a HCA National Specialty?  Yes  No  If Yes, enter the years you attended:  List any volunteer position(s) you served in for these events: | | | | | | | | | | | | |
| 4) Have you been active in another breed?  Yes  No  If Yes, what breed(s) and number of years involved with each? | | | | | | | | | | | | |
| 5) Are you a member in good standing of another Breed or All Breed Club?  Yes  No  If Yes, enter the Club name(s) and Year each club was joined:  List offices held, committee(s) served on, and any volunteer activities: | | | | | | | | | | | | |
| 6) Are you an approved AKC judge?  Yes  No If Yes, list competition types: | | | | | | | | | | | | |
| 7) Have you exhibited your **Havanese** in AKC approved events within the last two years?  Yes  No  If Yes, list competition types (check all that apply):  CONF  OB  AG  FT  HT  LC  TK  HE  Rally  Other, describe: | | | | | | | | | | | | |
| 8) What types of dog related activities, classes, or events have you participated in or attended (check all that apply)?  Conformation  Obedience  Rally  Agility  Freestyle Dancing  Canine Good Citizen  Fly Ball  Tracking/Herding  Basic Training Class  Canine Massage Class  Therapy  Other, describe:  I attend and/or support various events but my Havanese does not typically participate.  I primarily enjoy my Havanese as Companions. | | | | | | | | | | | | |
| **H) Other Required Information.** | | | | | | | | | | | | |
| 1) Do you currently breed or plan to breed your Havanese?  Yes  No **If No, Skip to Question 7 Below.**  If Yes, who is your Havanese breed mentor(s)? | | | | | | | | | | | | |
| 2) Have you bred any Havanese litters within the last three years?  Yes  No  If Yes, how many litters per year? | | | | | | | | | | | | |
| 3) Do you place your puppies with full or limited registration?  Full  Limited  Varies  Please explain the circumstances regarding your use of registration types: | | | | | | | | | | | | |
| 4) Do you ever place older dogs?  Yes  No  If Yes, do you spay/neuter the dog prior to placement?  Yes  No  Other, Describe: | | | | | | | | | | | | |
| 5) Have you provided stud service for any Havanese litters within the last three years?  Yes  No  If Yes, how many litters per year? | | | | | | | | | | | | |
| 6) Have you ever cross bred your Havanese with a dog of another breed?  Yes  No  If Yes, provide circumstances: | | | | | | | | | | | | |
| 7) How many Havanese do you co-own, but are not responsible for (list each dog that does not live with you and is not already listed on page 1)? | | | | | | | | | | | | |
| 8) Do you own any other purebred dogs?  Yes  No If Yes, what breeds?   * Do you show these dogs?  Yes  No If Yes, how long? * Do you breed these dogs?  Yes  No If Yes, how long and how many litters per year? * Have you ever cross bred any of these dogs?  Yes  No If Yes, provide circumstances: | | | | | | | | | | | | |
| 9) List resources you have used to learn more about the Havanese breed (books, websites, email lists, other owners, etc): | | | | | | | | | | | | |
| 10) Are you interested in volunteering to assist with HCA sponsored events and/or committees?  Yes  No  If Yes, indicate areas/committees of interest:  Do you have special skills or experience you would like us to note for future reference (check all that apply)?  Accounting  Advertising  Art/Graphic Design  Information Technology  Website Design  Legal/Paralegal  Parliamentarian  Publishing/Newsletter  Public Relations/Speaking  Rescue  Event/Show Organization  Other, describe: | | | | | | | | | | | | |
| 11) Please provide a brief statement on why you wish to become a HCA Member: | | | | | | | | | | | | |
| **I) Requirement 5: Must agree to abide by the HCA Constitution, Bylaws, and Code of Ethics.** | | | | | | | | | | | | |
| **Please read the HCA Constitution, Bylaws, Code of Ethics, and AKC Havanese Standard and respond to the following:**  Yes  No 1) Pursuant to the HCA Constitution, I have read and accept the AKC Standard of the Havanese as the only standard of excellence by which Havanese should be judged. I agree it should be the guideline used when making breeding decisions.  Yes  No 2) I have read and agree to abide by the HCA Constitution and Bylaws, and subscribe to the club objects.  Yes  No 3) I have read, accept, and agree to uphold, promote and practice the principles set forth in the HCA Code of Ethics.  Yes  No 4) I agree to not allow any Havanese for which I am responsible to be placed with a dog broker, pet store, or other unsuitable environment.  Yes  No 5) I agree to abide by the rules of the American Kennel Club.  Yes  No 6) I understand that my membership may be terminated if this application is found to be fraudulent. | | | | | | | | | | | | |
| **J) Applicant Statement:** | | | | | | | | | | | | |
| **By signature below, each applicant certifies the following:**  I am interested in applying for membership in the Havanese Club of America (HCA), a not-for-profit association. I acknowledge the jurisdiction and authority of HCA’s Board of Directors as the body designated to manage the affairs of HCA. In consideration for being provided with HCA’s Membership Application Package and for the processing of my Membership Application, I hereby agree that if I, alone or with others, bring any type of administrative or judicial action against HCA, its Officers and Board of Directors, jointly or severally, in any manner relating to or regarding the processing, approval, denial or rejection of my application for membership, and if I prove unsuccessful upon the merits of my claim, I shall pay all cost and expenses, including attorney’s fees, incurred by HCA, its Officers and Board of Directors, or any of them, in defense of or in response to that action.  I certify that I am familiar with the HCA Constitution, Bylaws, and Code of Ethics and AKC Rules and Regulations and agree to abide by them. At all times and under all circumstances I will consider the welfare and best interests of the Havanese breed and of the dogs I keep, breed, exhibit or sell and maintain in all such activities the highest standards of ethical conduct. I understand that members of the HCA have the right of fair comment on my application. I also acknowledge that the HCA Membership Committee and Board have my permission to ask my family, friends, and acquaintances regarding my ethical conduct and qualifications for HCA membership. I attest that all the information given on this application is true and correct. | | | | | | | | | | | | |
| Applicant Signature: | | | | | | | | | Date: | | | |
| Co-Applicant Signature: | | | | | | | | | Date: | | | |
| Parent or Legal Guardian Signature (authorization required for Junior applicants): | | | | | | | | | Date: | | | |
| **Notice:** If any information on this application changes prior to a vote by the HCA Board, applicants may submit an email or other written notification to the Membership Committee (MC) for consideration.  **Applicant Checklist:**  Please submit the following items to the MC application coordinator noted in the Instructions on Page 1.  Original Application (we recommend that you make a copy for your records)  Check for dues (made payable to the HCA in US dollars)  AKC registration copies (at least one is required for each applicant) | | | | | | | | | | | | |