



For Office Use Only:

Date Rec'd: _____ HCA Member: Y N
1st Mtg Date: _____ 2nd Mtg Date: _____
Sponsor: _____ Sponsor Form Rec'd Date: _____
Membership Vote Date: _____ Approved: Y N
Dues Rec'd Date: _____ Amt: _____ Cash Check Paypal

OREGON TRAIL HAVANESE CLUB

Membership Application

1st Adult Name: _____
E-mail Address: _____
Land Line Phone: _____ **Cell:** _____

2nd Adult Name: _____
E-mail Address: _____
Land Line Phone: _____ **Cell:** _____

Street Address: _____
City, State, Zip: _____
Junior (ages 9 through 17) Name(s) and age(s): _____

Breeders:

Membership Type: Please select the type of membership you are applying for. (check only one)

Kennel Name: _____
E-mail Address: _____
Website: _____

Household – 2 adults plus junior(s) \$40 Regular (Individual) – one adult plus juniors \$25

Associate (non-voting) \$20

If you now own a Havanese, how many adult dogs? _____ How many puppies? _____

How long have you owned your Havanese: _____

Are you in good standing with American Kennel Club (AKC)? Yes No

Are you a member of the Havanese Club of America (HCA)? Yes No

Type of dog activities you have participated in: (circle all that apply)

Companion Therapy Dog Dog Shows Obedience Agility Rally

Scent/Nose Work Judge Trainer Handler Groomer Breeding

Other _____

Club activities you are interested in (circle all that apply):

Shows Educational Social Other (please specify) _____

Would you be interested in participating on a club committee? Yes No Maybe

If yes, which one(s) (circle all that apply)? Educational Finance Health

Membership Show Social Website Youth

Would you be interested in having a club member mentor? Yes No Maybe

Do you belong to other dog organizations? Yes No

If yes, which ones? _____

Why do you want to join the Oregon Trail Havanese Club? _____

I understand that signing this application, I am verifying that I meet all the membership requirements as stated below. I also understand that the Oregon Trail Havanese Club may give no reason for refusal of membership. Membership dues will be collected at time of club approval. I certify that all of the above information is true and correct to the best of my knowledge. I also understand that false or omitted information may be grounds for refusal of membership.

Membership Requirements:

- Must attend two meetings with membership quorums prior to membership approval
- Must agree to abide by the Constitution and Bylaws of the OTHC
- Must pay annual dues
- Must not be under AKC disciplinary action
- Must have at least one current member sponsor
- Must complete the membership application and be approved by a majority of the OTHC members

Applicant Signature: _____ Date: _____

Co-Applicant
and/or Parent/Guardian: _____ Date: _____