

NORWEGIAN ELKHOUND MINUTEMEN ASSOCIATION

Application for Membership

The goals and purpose of NEMA are explained in the attached letter. Please type or print all information except signatures and forward with a check to:

Dr. Tammy Greeley-Garvin
119 Whiting Street
Hingham, MA 02043
781-740-8769
Willowbrooktgg@comcast.net

TYPE OF MEMBERSHIP: (Check one)

- 1 Individual - \$15.00
- 2 Family - \$20.00: Two Adults living at the same mailing address
- 3 Associate - \$10.00: Two non-voting Adults
- 4 Junior - \$5.00: Under 18 years of age with no related Adult in NEMA

NAME (S):

(Mr./Mrs./Ms.) _____ Relationship _____

to the above

RESIDENCE:

Street _____
City, Town _____
State _____ Zip _____ Tel _____

E-Mail Address: _____

OCCUPATION (S):

Retired? Include

Profession _____

INTEREST IN ELKHOUNDS: _____ YEARS

___AGILITY___ HUNTING___ TRACKING___ BREEDER___ EXHIBITOR___ OBEDIENCE___ PET___
_OTHER

BREEDERS: How many litters/year _____ How many times/year do you use your stud dogs _____

KENNEL NAME: _____ (If

Applicable)

NAMES of DOGS owned by you, please include AKC Registration Number: (If Applicable)

Have you ever been suspended or disciplined by AKC or other Dog Clubs, please give full details and dates:

Are you engaged in any other business related to dogs? Please be specific.

DOG CLUBS – do you now or have you previously belonged to (Names & Addresses)

Offices

Held: _____

Committees: _____

INTERESTS OR HOBBIES:

VOLUNTEER ACTIVITIES: (Circle those activities that interest you)

Agility:	Match:
AKC Public Education:	Membership:
Awards:	Officer:
Director:	Project NEMA:
Fundraising NEMA/Rescue:	Rescue/ Fostering Elkhounds: Short Term:
Long Term:	
Grounds:	SAGA:
Historian:	Specialties:
Hospitality:	Sunshine:
Inventory Control:	Supported Entries:
Judges Selection:	Stewarding:
Library:	Trophies:
Other: _____	Videography:

Circle what is applicable:

(I/we) (Do/do not) professionally or commercially (handle/board/train) dogs.

I/We hereby apply for membership in the Norwegian Elkhound Minutemen Association. If accepted, I/we agree to abide by the Constitution and By-laws of said Association and the rules and ethics of the American Kennel Club.

Applicant: _____
Sponsor: _____

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Sponsor: _____

Date: _____ Approved: _____
President: _____