



Shiba Inu Fanciers of Northern California

Membership Application

I hereby make application for membership in the Shiba Inu Fanciers of Northern California, AKA; SFNC. I agree to abide by the Constitution & By-Laws and Code of Ethics of this club.

Name: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

E-Mail: _____ **Occupation:** _____

Breed/s owned: _____ **Kennel Name:** _____

Circle which one/s apply: Breeder/ Dog Owner/ Exhibitor/Judge (AKC licensed)

Other dog related activities (i.e.; obedience, agility, etc.): _____

Other Breed/Kennel Clubs you have belonged to (include office/s held, committee work, if applicable): _____

Have you ever been suspended by AKC or been subjected to discipline by a Breed/Kennel Club? If yes, explain:

Type of Membership (choose one):

Assoc. ____ \$10 **Single** ____ \$15 **Family.** ____ \$20 **Junior** ____ \$10 **Breeder Referral** ____ \$10

*I have read and fully understand the Code of Ethics and I agree to abide by the same for the duration of my membership.

Applicant's signature _____ **Date** _____

Sponsor's signature _____ **Date** _____

Sponsor's signature _____ **Date** _____

Submit application & fee to: Membership, 136 Vine St. San Carlos. CA 94070

E-mail : fmorris266@aol.com

Make checks payable to: *Shiba Inu Fanciers of Northern California* or *SFNC*