



# North American Versatile Hunting Dog Association

## Aims & Rules Clinic Application (formerly *Handlers Clinic*)

Hosting Chapter Name: \_\_\_\_\_

Chapter Website: \_\_\_\_\_

Clinic Location: \_\_\_\_\_

*(This is the nearest city or town to the clinic location)*

Clinic Dates: \_\_\_\_\_

When providing mailing and shipping addresses, please provide "Post Office Friendly" addresses, including nine-digit postal codes, also known as ZIP+4, for U.S. addresses. **THESE ADDRESSES CANNOT BE A POST OFFICE BOX.** The US Post Office has a web site that will generate the appropriate format at: [https://tools.usps.com/go/ZipLookupAction\\_input](https://tools.usps.com/go/ZipLookupAction_input)

| CLINIC SECRETARY INFORMATION |          |               |              |          |
|------------------------------|----------|---------------|--------------|----------|
| Full Name:                   |          | Street:       |              |          |
| NAVHDA Member Number:        |          | City:         |              |          |
| Phone_1:                     | Phone_2: | State/Prov:   | Postal Code: | U.S. +4: |
| Email:                       |          | United States |              | Canada   |

*Purina requires **two phone numbers** for product delivery. Please provide a second number for you or another chapter member. The road/driveway must be accessible by a delivery truck.*

Clinic Secretary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| PERSON TO RECEIVE PROMOTIONAL ITEMS FROM PURINA |          |               |           |          |
|---|----------|---------------|-----------|----------|
| check here if same as above (U.S. only)         |          |               |           |          |
| First Name:                                     |          | Street:       |           |          |
| NAVHDA Member Number:                           |          | City:         |           |          |
| Phone_1:  | Phone_2: | State:        | Zip Code: | U.S. +4: |
| Email:  |          | United States |           |          |

*Purina requires **two phone numbers** for product delivery. Please provide a second number for you or another chapter member. The road/driveway must be accessible by a delivery truck.*

| Office Use Only            |                         |
|----------------------------|-------------------------|
| Date of Application: _____ | Date of Approval: _____ |

To submit this completed application, either:

Email to: [navoffice@navhda.org](mailto:navoffice@navhda.org)

Fax to: (847) 255-5987