



NORTH AMERICAN VERSATILE HUNTING DOG ASSOCIATION

Aims & Rules

Invitational Clinic Application

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

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
Fax to: (847) 255-5987