



# North American Versatile Hunting Dog Association

## Application for Registration or Renewal of Kennel Name

### SUBMISSION AND PAYMENT INFORMATION

For your security, please do not submit this form with your credit card information via regular email. Instead, use either one of the options below:

1. Save this blank form to your computer, fill it out, and send it via encrypted email; it's easy, fast and secure. A link with full instructions is available at the top of the [Forms Express Page](#) on the NAVHDA website.
2. Complete this form, print it out and send it to NAVHDA, PO Box 520, Arlington Heights, IL 60006 or FAX it to 847.255.5987.

- The granting of a Registered Kennel Name does not imply endorsement of said kennel or its stock by the North American Versatile Hunting Dog Association. The Registered Kennel Name is for the sole use of the breeder in the naming of dogs bred by the breeder.
- Kennel names will be published in the official publication of NAVHDA subsequent to approval.

I hereby make application to register (or renew) the following as a kennel name: *(NOT TO EXCEED 15 LETTERS & SPACES)*

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**\$100.00** (US FUNDS) - **New Kennel Name** Application,  
if the above name is available.

This registration is for a **FIVE-YEAR** period.

**\$ 75.00** (US FUNDS) - **Renewal** of for the above existing  
kennel name.

This renewal is for a **FIVE-YEAR** period.

To maintain a kennel name, NAVHDA membership of the Primary Kennel Owner must be maintained. If the Primary Kennel Owner allows the membership to lapse during the five-year period, cancellation of the registered kennel name shall be automatic. NAVHDA International membership lapses at 1:00 am of the date of expiration. If the Primary Kennel Owner's membership is renewed within 90 days of the expiration date, the registered kennel name is automatically restored.

If the Primary Kennel Owners Membership has lapsed for more than 90 days, a new Kennel Name Application and a \$100.00 application fee will be required.

I own the following breed(s) (primary breed first): \_\_\_\_\_

### PRIMARY OWNER INFORMATION

First Name:		MI:	Last Name:	
Street:			City:	
State/Prov:	Postal Code:		Country:	
<b>MEMBER #</b> (REQUIRED)	Cell Phone:		Email:	
<b>SIGNATURE:</b>			DATE:	

Primary Owner signature is only required if this form is being used to add a Co-Owner to an existing Kennel.

### CO-OWNER INFORMATION

First Name:		MI:	Last Name:	
Street:			City:	
State/Prov:	Postal Code:		Country:	
<b>MEMBER #</b>	Cell Phone:		Email:	

Payment by:      Visa      MasterCard      Amex      Discover      Check No: \_\_\_\_\_ payable to **NAVHDA** in US FUNDS.

Name on Credit Card: \_\_\_\_\_      Total payment: \_\_\_\_\_

CREDIT CARD NUMBER:		EXPIRATION DATE		CVV NUMBER	
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NAVHDA, PO Box 520, Arlington Heights, IL 60006    FAX: 847.255.5987    PHONE: 847.253.6488