

Application for Sanctioning a New NAVHDA International Chapter



Chapter Name: _____

Chapter Location: _____

Chapter Website: _____

(If this is currently established or an address has been selected, please include here.)

When submitting this application, please include:

- Attach a list of 10 paid Charter members with their NAVHDA International Membership Number (*please complete and include pages 4 and 5 of this application*)

REASON FOR SEEKING SANCTIONING OF THIS NEW NAVHDA CHAPTER:

CHAPTER LAND AND WATER INFORMATION

Total Acreage of land and water used for chapter activities: _____

Check the ownership of the Chapter land and water used for chapter activities:

- | | |
|--|--|
| <input type="checkbox"/> Privately Owned | <input type="checkbox"/> Combination of Privately owned and Leased |
| <input type="checkbox"/> Leased | <input type="checkbox"/> State or Federal agency land |
| <input type="checkbox"/> Other: _____ | |

Please describe your test locations for each portion of the NAVHDA tests. A link, Google map pin, or GPS Coordinates of each test location are required. Additionally, photos of each test location are required to be submitted with your application. Multiple photos are preferred. If more space is needed for your descriptions, please attach.

NA/UPT/UT FIELD Description:

Google maps pin or GPS Coordinates:

TRACK/DRAG LOCATION Description:

Google maps pin or GPS Coordinates:

NA PUPPY SWIM WATER Description:

Google maps pin or GPS Coordinates:

DUCK SEARCH AREA Description:

Google maps pin or GPS Coordinates:

BLIND SEQUENCE AREA Description:

Google maps pin or GPS Coordinates:

CHAPTER APPLICATION OBLIGATIONS:

- We pledge to promote The North American Versatile Hunting Dog Association’s Philosophy.
- We have read and understand the “Starting a NAVHDA Chapter” Document (found at NAVHDA.org).
- We have read and understand the “Aims Programs Test Rules” Document and to the best of our ability have chosen a testing site that meets is requirements.
- We understand all that all members, current and future, are required to be paid members in good standing of NAVHDA International. It is our responsibility to verify prior to acceptance of Chapter Membership.
- We have reviewed NAVHDA’s Insurance FAQ document (found at NAVHDA.org).

On behalf of our new Chapter, I have read and acknowledge the above Chapter Application Obligations.

Date of submission

Chapter President Printed Name

Chapter President Signature

Upon submission of this fully completed application, it will be reviewed by members of NAVHDA's Promotions committee.

Additional information may be required or requested.

NAVHDA International may choose to send a representative to your location to review the testing and/or training sites, prior to your approval.

Submit this application by either:

Email: navoffice@navhda.org

or Postal Mail: NAVHDA, PO Box 520, Arlington Heights, IL 60006-0520



List of 10 Chapter Charter Members/Officers

(*) If you are an officer, please select your title in the dropdown box. The officer titles are:
President, Vice President, Secretary, Treasurer, Contact, Contact 2, Web Master

1. Full Name:	NAVHDA Membership #:
Street Address:	Cell Phone:
City, State, Zip:	Email Address:
(*) Officer Title: Charter Member	

2. Full Name:	NAVHDA Membership #:
Street Address:	Cell Phone:
City, State, Zip:	Email Address:
(*) Officer Title: Charter Member	

3. Full Name:	NAVHDA Membership #:
Street Address:	Cell Phone:
City, State, Zip:	Email Address:
(*) Officer Title: Charter Member	

4. Full Name:	NAVHDA Membership #:
Street Address:	Cell Phone:
City, State, Zip:	Email Address:
(*) Officer Title: Charter Member	

5. Full Name:	NAVHDA Membership #:
Street Address:	Cell Phone:
City, State, Zip:	Email Address:
(*) Officer Title: Charter Member	

Chapter Charter Members/Officers list continued

6. Full Name:	NAVHDA Membership #:
Street Address:	Cell Phone:
City, State, Zip:	Email Address:
(*) Officer Title: Charter Member	

7. Full Name:	NAVHDA Membership #:
Street Address:	Cell Phone:
City, State, Zip:	Email Address:
(*) Officer Title: Charter Member	

8. Full Name:	NAVHDA Membership #:
Street Address:	Cell Phone:
City, State, Zip:	Email Address:
(*) Officer Title: Charter Member	

9. Full Name:	NAVHDA Membership #:
Street Address:	Cell Phone:
City, State, Zip:	Email Address:
(*) Officer Title: Charter Member	

10. Full Name:	NAVHDA Membership #:
Street Address:	Cell Phone:
City, State, Zip:	Email Address:
(*) Officer Title: Charter Member	