

# 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 page 4 of this application*)
- Payment for Chapter Liability Insurance. Contact the NAVHDA Office to determine the prorated amount of current Chapter Liability Insurance amount due for your new chapter. Make the check payable to: *NAVHDA International.*

## 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:

Privately Owned

Combination of Privately owned and Leased

Leased

State or Federal agency land

Other: \_\_\_\_\_

Please describe your test locations for each portion of the NAVHDA tests. It is strongly suggested to include a link to a Google maps pin or GPS coordinate and attach photos of each location with your submission. 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 Test Programs Rules” Document and to the best of our ability have chosen a testing site that meets its requirements.

We understand 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).

Our Chapter liability insurance payment is included with this application.

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, NAVHDA International officers will review your provided information.

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.

**Insurance Payment Reimbursement.**

Once the new chapter has been approved and after holding its first NAVHDA Test, the chapter may apply for 50% reimbursement of one full year insurance payment. To qualify for reimbursement the chapter must receive good or better ratings on chapter test evaluation form. To apply for reimbursement please make requests to [navoffice@navhda.org](mailto:navoffice@navhda.org)

Submit this application by either:

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

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

# Application for Sanctioning a New NAVHDA International Chapter

Chapter Member List – a minimum of 10 members are required for a new chapter

Use additional copies of this the form if there are more than 10 members



(\*Please include the Chapter Officer Titles only where applicable)

|                         |           |
|-------------------------|-----------|
| <b>Full Name</b>        | <b>1.</b> |
| Street Address          |           |
| City, St Zip            |           |
| Phone Number            |           |
| Email Address           |           |
| NAVHDA Member #         |           |
| Expiration Date         |           |
| Chapter Officer Title * |           |

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| <b>Full Name</b>        | <b>2.</b> |
| Street Address          |           |
| City, St Zip            |           |
| Phone Number            |           |
| Email Address           |           |
| NAVHDA Member #         |           |
| Expiration Date         |           |
| Chapter Officer Title * |           |

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| <b>Full Name</b>        | <b>3.</b> |
| Street Address          |           |
| City, St Zip            |           |
| Phone Number            |           |
| Email Address           |           |
| NAVHDA Member #         |           |
| Expiration Date         |           |
| Chapter Officer Title * |           |

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| <b>Full Name</b>        | <b>4.</b> |
| Street Address          |           |
| City, St Zip            |           |
| Phone Number            |           |
| Email Address           |           |
| NAVHDA Member #         |           |
| Expiration Date         |           |
| Chapter Officer Title * |           |

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| <b>Full Name</b>        | <b>5.</b> |
| Street Address          |           |
| City, St Zip            |           |
| Phone Number            |           |
| Email Address           |           |
| NAVHDA Member #         |           |
| Expiration Date         |           |
| Chapter Officer Title * |           |

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