

The Owner Handler Association of America, Inc.
APPLICATION FOR MEMBERSHIP *For Official use Only*

CM _____
T _____
D _____
B/S _____

Please Print or Type
(Mr., Mrs., Miss, Ms.) _____ Phone _____

Address _____

Occupation _____ Date of Birth (Jrs Only) _____

E-mail address _____

1. Have you handled any dog completing any title? If so, state registered name, breed, and title

2. Do you handle your own dogs? How many years?

3. What is your present breed? _____

4. Do you breed dogs? _____ List breeds and state how many years you have been breeding each breed.

5. List any present and prior memberships in dog clubs and any offices held.

6 Why do you wish to belong to this Association?

7. What hobbies, interests, or special skills do you have which you can share with OHA?

8. Have you ever been suspended from the privileges of the American Kennel Club? _____ If so, state the date and circumstances on a separate page.

9. How did you learn about OHA?

10. Include any additional information regarding your activities in the dog world.

Fiscal year begins November 1st of each year. Members accepted after June 1st will be considered paid to the end of the following year (October 31st).

MEMBERSHIP DUES:

- \$10.00 per Person
- \$15.00 per Couple
- \$5.00 per Junior Member
- \$3.00 per Junior Member if either parent is a member



OHA Membership Tac (Red and Gold) \$3.00 each No. _____

DECALS (Red and Gold)
One for \$1.00
Two for \$1.50

BUMPER STICKERS (Red and White)\$.50 each

This application is accepted subject to the approval of the Board of Governors of The Owner Handler Association of America, Inc. If not approved, there is no obligation on the part of the Association to disclose the reasons for its decision. I hereby understand and agree to the above statement.

Date _____

Applicant's Signature

Applicant's Signature

Amount Enclosed \$ _____

Check for dues and any material ordered must accompany this completed application and be returned to:

OHA
PO Box 637
New Hampton, NY 10958-0637

ACCEPTED _____, PER _____
(PLEASE ALLOW 15 WEEKS FOR PROCESSING APPLICATION)