

Keystone Chapter of NAVHDA Membership Application

Name: _____

Address: _____

Phone: (home) _____

(work) _____

(mobile) _____

(fax) _____

E-mail _____

Number of Dogs _____

Breed(s) _____

Age of dog(s) _____



NAVHDA International Member Number: _____

Note: All members of Keystone Chapter must be members of NAVHDA International.

KEYSTONE MEMBERSHIP

Regular Membership (\$20.00) _____ Renewal? _____

Family Members (\$15.00 each additional person) _____

Names of additional family members:

_____ E-mail _____

_____ E-mail _____

_____ E-mail _____

Training Fee (\$25.00 annual unlimited use) _____ (Non Refundable)

Note: Members may pay \$5.00 per training day in lieu of the annual fee.

Total: _____

Make check payable to Keystone Chapter of NAVHDA and mail to:

**Kathy Krommes
1576 Baltimore Road
Dillsburg, PA 17019**

