

ALL BLACK HILLS CHAPTER MEMBERS MUST BE MEMBERS OF NAVHDA INTERNATIONAL

PLEASE PRINT Name______ NAVHDA #_____ Spouse/SO ______ NAVHDA #_____ Address _____ City _____ State ____ Zip _____ Phone _____Email address _____ Children Names & Ages _____ Breed(s) of Dog(s) Your training and testing experience _____ Do you plan to test in 2023? NA _____ UT ____ INV ____ Your training needs and goals _____ Do you plan to participate in training days in 2023? _____ We can't succeed without volunteers. How can you help? _____ Training assistant _____ Assist with meals/hospitality _____ Assist in the field _____ Test secretary apprentice _____ Training Director apprentice _____ Photography _____ Assist w/youth program _____ Website management _____ Social media Memberships: Single \$40.00 (1 vote) Family \$50.00 (2 votes)

Mail completed form & payment to:

Black Hills NAVHDA c/o Kim Jones 16700 Lone Ridge Rd. Gillette, WY 82718