



**\*\*ALL BLACK HILLS CHAPTER MEMBERS MUST BE MEMBERS OF NAVHDA INTERNATIONAL\*\***

PLEASE PRINT

Date: \_\_\_\_\_

Name \_\_\_\_\_ NAVHDA # (required) \_\_\_\_\_

Spouse/SO \_\_\_\_\_ NAVHDA # (required) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Breed(s) of Dog(s) \_\_\_\_\_

Please share your training and testing experience

\_\_\_\_\_  
\_\_\_\_\_

Do you plan to test in 2026? NA \_\_\_\_\_ GDT \_\_\_\_\_ UT \_\_\_\_\_ INV \_\_\_\_\_

Your training needs and goals

\_\_\_\_\_  
\_\_\_\_\_

Do you plan to participate in training days in 2026?      Yes      No

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

**Membership Dues: Single \$75.00\*    Family \$100.00    (\* Includes facility use fee)**

**PayPal Preferred - bhnavhdatreasurer@gmail.com**

**Mail completed form & personal check to: Black Hills NAVHDA c/o Nancy Morgan \*PO  
Box 122 \* Devils Tower, WY 82714**