| NiSA Membership Application*Please complete this application and send it to* *info@northerninuitsocietyofamerica.org**.* |
| --- |
| Owner/Applicant Information |
| Primary Owner’s Name: |
| Email Address: | Phone: |
| Current address: |
| City: | State: | ZIP Code: |
| Additional owner Information |
| Secondary Owner’s Name: (if any) |
| Email Address: |
| Phone: |  |
| Northern Inuit Information |
| Full Pedigree Name: |
| Breeder: |
| Dog’s Pet Name: | Age: |
| Gender:  |
| NISA Registration Number (if already registered): |
| Northern Inuit Society of the UK Registration Number and Date: |
| Additional Required Information |
| Please attach to your email: 3 generation pedigreeVeterinarian’s proof of health or shot recordsHips and elbows test/grade (only if you are a Registered Breeder)Please contact us if you have any questions. |