| NiSA Membership Application *Please complete this application and send it to* [*info@northerninuitsocietyofamerica.org*](mailto: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 pedigree  Veterinarian’s proof of health or shot records  Hips and elbows test/grade (only if you are a Registered Breeder)  Please contact us if you have any questions. | | | |