



**AKITA CLUB OF AMERICA, INC.**  
**NATIONAL PARENT BREED CLUB**

**APPLICATION FOR MEMBERSHIP**

The application process takes approximately two (2) months from the time we receive an application to the time an applicant is accepted into membership. The Vice President receives an application, determines that it is in order, and then submits it to the Board for review. The names of the pending applicants are then published in the Akita Club of America (ACA) official newsletter (the "Update") for review by the membership. If there are no objections to the pending applicants, the Board entertains a motion to accept the applicants into membership and the motion is voted on at the next monthly Board meeting. To ensure that your application is processed without delay: **complete the form in full** (do not leave questions blank), and have two (2) ACA members (in good standing and from separate households), each complete a Membership Candidate Sponsor Questionnaire. You must sign and date the front of this application; read, sign and date the Code of Ethics on the reverse side of this application (the signatures of all adult applicants are required); and enclose the appropriate fees and dues. Please contact any member of the ACA Board if you need help locating ACA members or a local Akita Club in your area, and an ACA Regional Representative will contact you. *This application form must be completed in full before processing will occur.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Physical Address (Required): \_\_\_\_\_

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

Mailing Address (If Different): \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Junior(s) (if any): \_\_\_\_\_ Age(s): \_\_\_\_\_

Kennel Name (if applicable): \_\_\_\_\_

Akita Interests: Companion      Breeder      Conformation      Obedience      Tracking      Agility      Therapy      Rescue

Other Akita Interests: \_\_\_\_\_

Number of Akitas you own or have owned: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Number of AKC registered litters bred in the past five (5) years: \_\_\_\_\_

Number of non-AKC registered litters bred: \_\_Reason for not Registering?: \_\_\_\_\_

Number of AKC conformation or performance events exhibited at during the past three (3) years: \_\_\_\_\_

Have you ever been suspended by the American Kennel Club? No Yes If yes, please explain on separate sheet. Have you ever been suspended or expelled from a breed club? No Yes If yes, please explain on separate sheet. Other dog clubs/activities you support or participate in: \_\_\_\_\_

Briefly state why you wish to become a member: \_\_\_\_\_

What committees might you like to participate in? \_\_\_\_\_

I request membership in the Akita Club of America, Inc., (ACA). I pledge to abide by the Bylaws of the ACA and subscribe to the ACA Code of Ethics. I pledge myself to strict compliance with the rules and regulations of the ACA and those of The American Kennel Club, Inc. I pledge to do all things possible to advance the best interest of the Akita breed and to strive for better care, control, and breeding practices. I pledge to maintain the ACA breed standard, and to foster and maintain among the ACA members the highest standards of sportsmanship.

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

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

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



# AKITA CLUB OF AMERICA, INC. NATIONAL PARENT BREED CLUB

## CODE OF ETHICS

In order to promote the highest ideals among Akita owners and breeders and aim for the continuous improvement of the Akita breed within the framework of the approved ACA breed standard, I pledge that:

1. I will follow the rules of good sportsmanship which will be a credit to the breed, the club and myself in all Akita competition and activities.
2. I will fully explain to all prospective Akita purchasers the advantages as well as the disadvantages of owning an Akita.
3. I will attempt to help and befriend novice exhibitors and owners.
4. I will keep well informed in the field of genetics and work to eliminate heredity defects from the breed.
5. I will, before entering into a breeding agreement or doing any breeding of my own dogs, carefully analyze the conformation and pedigrees of the prospective sire and dam. I shall refuse the mating if, in my opinion, it will not be in the best interest of the breed. If I deny stud service, I will fully explain my reasons to the owner of the bitch.
6. I will participate in a program of hip-x-raying and eye examinations by qualified veterinarians to eliminate hip dysplasia and congenital eye problems.
7. When an Akita has hereditary faults of such nature as to make his or her use for breeding detrimental to the furtherance of the breed, that dog shall be neutered/spayed.
8. I will refuse to deal with dog wholesalers or to sell puppies to pet shops and I will include in all stud contracts an agreement to be signed by the owner of the bitch that no puppies resulting from the mating will be wholesaled, sold or given to pet shops or wholesale dog breeders or dealers.
9. Furthermore, I will refuse to wholesale (buy or sell) any registered breed of dog, singly or in litter lots realizing that we as dog fanciers are responsible for not only our own breed but for others as well.
10. All puppies or adults sold as pet quality and at pet prices should be sold on spay/neuter contracts with written agreement that no AKC registration papers will be issued until the seller has received veterinary certification that surgery has been performed and a copy of that sent to AKC.

## ELECTRONIC BALLOTING

The ACA Board of Directors has approved the use of Electronic Balloting for any issue requiring a membership vote. Electronic Balloting will be in accordance with California State Statute 5510 and the American Kennel Club Procedure on Electronic Balloting for AKC Parent Clubs.

The Akita Club Of America is released from liability should the ballot be received late or not received by the Member due to circumstances beyond the Akita Club Of America's control. The AKC requires the member(s) to affirm their intentions with respect to electronic balloting (further, this consent is revocable at any time by written request from a member) Finally, AKC requires the club to retain the signed consent forms. This electronic form will be archived by the Club for this purpose.

**I have read the above Code of Ethics and the terms of Electronic Balloting, as witnessed by my signature below. I understand that breach of the Code of Ethics may be cause for dismissal from the club.**

**Balloting Preference:**  I consent to Electronic Balloting  I do not consent to Electronic Balloting

**Email Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Balloting Preference:**  I consent to Electronic Balloting  I do not consent to Electronic Balloting

**Email Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Balloting Preference:**  I consent to Electronic Balloting  I do not consent to Electronic Balloting

**Email Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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



NON-refundable Application Fee: \$20.00 \_\_\_\_\_  
Membership Dues: Individual: \$35.00 Family: \$45.00 \_\_\_\_\_  
Mailing address outside the USA: \$5 Postage Surcharge \_\_\_\_\_  
Membership pins: \$ 8 each (when membership approved) \_\_\_\_\_  
Breeder Referral Listing: \$20.00 \_\_\_\_\_  
Donation to ACA Rescue \_\_\_\_\_  
Donation to AKC Canine Health Fund \_\_\_\_\_  
Donation to the Akita Illustrated Standard Project \_\_\_\_\_

Total enclosed \$ \_\_\_\_\_

Please make check or money order payable (in U.S. funds) to Akita Club of America

MAIL TO: Elizabeth Fulghum  
ACA Vice-President/Membership Chair  
P.O. Box 9536  
Chandler Heights, AZ 85127  
Questions contact: (480) 518-5296 E-mail: ACA-Vice-President@AkitaClub.org

Note: The membership year is January 1 -- December 31

**\*\*ALL Payments are for the current calendar year, no matter when you apply.**

Before submitting this application form, please be sure you are enclosing the following:

- Signed and dated Application and COE.
- Check or money order for the appropriate dues.
- Sponsor 1 form: \_\_\_\_\_ (Print sponsor name)
- Sponsor 2 form: \_\_\_\_\_ (Print sponsor name)



# AKITA CLUB OF AMERICA, INC.

## Questionnaire to Sponsor a Candidate for Membership

(Please print or type)

Name of Sponsor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Candidate: \_\_\_\_\_

How long have you known the Candidate? \_\_\_\_\_ Years

Please state what you know regarding about this Candidate that should be considered for acceptance as a member of the ACA:

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On the reverse side please add any additional comments you wish to make on behalf of candidate for membership including information about his/her relationship with their dog clubs, reputation in the dog community, sportsmanship, non-dog interests, activities, abilities, etc.

Sponsorship of this Candidate for membership is given of my own freewill and without pressure from the Candidate for membership or by anyone else. I have answered the questions truthfully and fully. I understand that should this application be denied the ACA is not obligated to make known the reasons to me.

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor Address: \_\_\_\_\_

Forward this questionnaire to the candidate, to be submitted to the Membership Chair along with the Membership Application.

By submitting and signing this form you are endorsing the acceptance of this candidate as a member in the ACA and you hereby testify that you know this candidate well enough to give such endorsement.



# AKITA CLUB OF AMERICA, INC.

## Questionnaire to Sponsor a Candidate for Membership

(Please print or type)

Name of Sponsor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Candidate: \_\_\_\_\_

How long have you known the Candidate? \_\_\_\_\_ Years

Please state what you know regarding about this Candidate that should be considered for acceptance as a member of the ACA:

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Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor Address: \_\_\_\_\_

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