Annual Dues: $25

AMBASSADOR MEMBER APPLICATION
TO REGISTER WITH THE
NATIONAL GREYHOUND ASSOCIATION
P.O. BOX 543, ABILENE, KS 67410-0543

1. Name_____
First Middle Last Social Security No.

Address_____
Street Number City State Zip Code

_____, _____, _____, _____, _____, _____, _____, _____, _____
Sex Height Weight Color of Hair Color of Eyes Marital Status Age Date of Birth Place of Birth

_____ _____ (____)_____, (____)_____
Citizenship Email Address Area Phone Number Office Phone Number

2. In what way are you affiliated with greyhound racing? (i.e., adoption, trainer, gambler) _____

If you are affiliated with adoption, what group? _____

3. Racing references: Names (if any) of persons who you have been associated with in Greyhound racing.

_____

_____

_____

4. Have you ever been licensed as a Greyhound owner or trainer by any state or county racing commission?_____ _____. Give state and year_____.

5. Have you ever been convicted of a crime?_____If answer is "yes", furnish details of all convictions except minor traffic violations including date, place, exact charge, disposition and your own statement leading to any conviction.

_____

_____

_____

6. Have you been charged for any crime, offense or violation in which action (warrant, summons, indictment, complaint) is still pending?_____ If answer is "yes" furnish details.

_____

_____

_____

7. Have you been ruled off, suspended, fined, ejected or denied admittance of license by any state racing commission or race track?_____If answer is "yes' give details.

_____

_____

_____

I hereby certify that every statement contained herein is true and correct, and I understand that any misstatement or omission in this application or any other documents filed with NGA shall constitute grounds for cancellation of my associate membership and/or any other sanctions imposed, by a majority vote of the Board of Directors of the National Greyhound Association. I agree to abide by and obey all Rules and Regulations and policies as set forth in the Constitution, By-laws and Code of Rules of the National Greyhound Association, and such resolutions that are adopted and enforced from time to time by the Board of Directors and their agents. I also promise to take care of my Greyhounds in a humane fashion.

Subscribed and Sworn to before me this:

_____day of _____20__. _____

NATIONAL GREYHOUND ASSOCIATION AMBASSADOR MEMBER AGREEMENT AND AUTHORIZED SIGNATURE CARD

The undersigned, an ambassador member of the National Greyhound Association, agrees to be bound by and subject to the Constitution, By-laws, Code of Rules of the Association and the established policies of the NGA's Board Of Directors and their agents. The signature of the undersigned (individually or as registered agent for a kennel, partnership, association or corporation) shall be maintained by the NGA to assist its staff during the transaction of business with the Association by the associate member. However, the NGA shall not be liable for any damages of any kind whatsoever that may result from any false, fraudulent or forged signature on an NGA registration application. NGA will honor the decision of a court of competent jurisdiction with respect to legal ownership.

The undersigned also agrees to assure that Greyhounds under their record ownership are humanely cared for. Should a Greyhound registered to the undersigned be placed in an adoption program, or otherwise require care or attention, that results in a direct financial expense to the Association or its affiliate, the American Greyhound Council, Inc., the record owner hereby agrees to immediately refund the Association for said expense.

The address listed below, or any subsequent address change or changes submitted to NGA, shall be considered the associate member's current address for the purpose of receiving any official notifications from the Association. Official notification shall be limited to notifications of hearing and official statements from the Association.

_____

Print **name**

_____

(Registered Address) No. and Street

_____

REGISTERED SIGNATURE of person authorized to conduct business under Ambassador Member

_____

City State Zip Code

Date_____By_____Sec.-