



**Kathleen Bowser, Executive Vice-President**  
 Professional Handlers' Association  
 17017 Norbrook Drive  
 Olney, MD 20832

### Application for Reinstatement

Applicant Full Name: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Applicant's Kennel Address: (if different than mailing address): \_\_\_\_\_

Applicant Home Telephone Number: \_\_\_\_\_ Business Telephone Number: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Please respond to the following questions:

1. Do you own or lease a kennel facility? \_\_\_\_\_ If leased, provide the name and mailing address of the facility owner.

\_\_\_\_\_  
Name and Mailing Address

If leased, attach a notarized lease agreement to this application.

2. How long have you owned or leased the kennel facility? \_\_\_\_\_

3. Attach a description of the kennel facility referred to above. Include a floor space diagram and photographs of the exterior and interior of the kennel.

4. Is the kennel facility required to be licensed by the state or local authorities? \_\_\_\_ Provide the date last inspected. \_\_\_\_\_

5. Are you the sole owner/lessee of the kennel facility? \_\_\_\_ If not, provide the name and mailing address of other party:

\_\_\_\_\_  
Party Name and Mailing Address

If in a partnership, is partner a member of your immediate family? \_\_\_\_\_

6. How is the kennel facility supervised in your absence? \_\_\_\_\_

7. Provide an explanation as to why your membership lapsed or terminated and the date of lapse/termination:

8. Have you ever been disciplined by the American Kennel Club or any professional handlers' organization? \_\_\_\_\_

9. Is the showing of dogs the sole means of your livelihood or income? \_\_\_\_ If not, what are your other means of support?

Submit the following documents: business card, handler/client contract or agreement, letterhead, sample billing statement, and rate card. Submit three (3) letters of credit from current creditors. (Include name and mailing address.) On a separate attachment, list all the dog shows attended in the past year, a listing of dogs handled by breed, and the name of dog and owner.

#### ATTESTATION

I hereby make application for membership to the Professional Handlers' Association (PHA) and declare that the foregoing statements and responses are true and correct to the best of my knowledge and belief. All responses are made part of this application and are incorporated by reference. I agree to abide to all of the Terms and Conditions set forth below, of which I read and understand.

#### TERMS AND CONDITIONS

- a. I agree to wear the emblem (i.e. lapel pin) of the PHA at all functions affiliated with the showing of dogs. I understand that the emblem is the property of the PHA and will be provided to me when the Board of Governors approves membership. I further understand that the lapel pin(s) must be surrendered to the PHA upon termination of membership.
- b. I agree that, upon request, my kennel facilities/other will be opened for inspection to any member of the PHA instructed to do so by the Board of Governors. I further agree that I shall notify the PHA of any change of address and submit data for re-inspection.
- c. I agree that my signature and date on this application declares my knowledge, understanding and agreement to uphold all Terms and Conditions, PHA Code of Ethics, and the PHA Requirements for Membership. Information on the latter two may be found at [www.PHADogHandlers.com](http://www.PHADogHandlers.com) or obtained from the Association.
- d. I agree to and understand that should the application be disapproved, the PHA is not obligated to make know to me the reason.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

A reinstatement fee of \$ \_\_\_\_\_ and an annual dues payment of \$ \_\_\_\_\_ must accompany this application and forwarded to the PHA office at the address above.

NAMES OF BOARD MEMBERS ACTING ON THIS APPLICATION