

LENAPE BULLDOG CLUB



OF PENNSYLVANIA

MEMBERSHIP APPLICATION

NAME: _____

COUNTY: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

PLEASE CIRCLE ALL THAT APPLY:

- B Registered a litter with the AKC in the past three years
- DO Interested dog owner. Have one or more AKC registered dogs, but not active in the sport of showing your dogs.
- V Licensed veterinarian
- VT Licensed veterinary technician
- E Exhibitor or who has entered an AKC licensed event in the past two years.

PLEASE ANSWER THE QUESTIONS BELOW:

Have you placed an AKC title on your dog (s) ? YES _____ NO _____

If yes, please list the title and dates:

SIGNATURE: _____ DATE: _____

PROPOSED BY: _____

TYPE OF MEMBERSHIP (CHECK ONE)

- () FULL—Voting member. \$10.00/year per person. (must attend 2 meetings before being voted on)
- () ASSOCIATE—non-voting member. \$10.00/year per person

MAIL COMPLETED APPLICATION AND CHECK (MADE PAYABLE TO LBCP)

BONNIE BAXTER

18 HAWKEYE DRIVE

ROYERSFORD, PA 19468

DO NOT WRITE BELOW THIS LINE

DATE SUBMITTED _____ (1st Reading)

DATE OF TWO MEETINGS ATTENDED (Full membership) _____

APPROVED BY MEMBERSHIP _____