



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)

Lisa Aikman

707 Bicking Drive

West Chester, PA 19382

DO NOT WRITE BELOW THIS LINE

DATE SUBMITTED _____ (1st Reading)
DATE OF TWO MEETINGS ATTENDED (Full membership) _____
APPROVED BY MEMBERSHIP _____