

Please Mail To: NBCA
PO Box 450
Goodrich, MI 48438

NATIONAL BLUETICK COONHOUND ASSOCIATION

APPLICATION FOR MEMBERSHIP _____ Calendar Year January thru December

**** Form is incomplete and cannot be considered for membership without all signatures, the application and fees. ****

DATE ____/____/____ --- Please type or print clearly ---

APPLICANT'S NAME: _____

STREET ADDRESS: _____ EMAIL-ADDRESS _____

CITY: _____ ST.: _____ ZIP: _____ COUNTRY: _____

TELEPHONE: (_____) _____ KENNEL NAME:(if applicable) _____

OTHER APPLICANTS (LIST JR/ADULT) _____

DO YOU NOW OWN A BLUETICK(S)? _____ NUMBER OF YEARS IN BLUETICK COONHOUNDS: _____ YRS

WHAT OTHER BREEDS DO YOU OWN? _____

ARE YOU INTERESTED IN VOLUNTEERING TO HELP ON A COMMITTEE OR FOR AN EVENT? _____

WHICH EVENTS ARE YOU INTERESTED IN? CONFORMATION ____ FIELD TRIAL ____ HUNTING ____ WATER RACE ____

AGILITY ____ OBEDIENCE ____ DOCK DIVING ____ BENCH SHOW ____ RALLY ____

TRACKING/SCENT WORK ____ LURE COURSING ____ OTHER _____

ARE YOU AN AKC CONFORMATION JUDGE? _____ AKC COONHOUND BENCH SHOW JUDGE? _____

HAS THE AMERICAN KENNEL CLUB EVER SUSPENDED YOUR PRIVILEGES? _____

HAS YOUR MEMBERSHIP IN ANY DOG CLUB OR REGISTRY EVER BEEN REFUSED, REVOKED, OR SUSPENDED? _____

PLEASE CHECK ALL THAT APPLY FOR EACH APPLICANT:

#1 BREEDER EXHIBITOR INTERESTED DOG OWNER

#2 BREEDER EXHIBITOR INTERESTED DOG OWNER

#3 BREEDER EXHIBITOR INTERESTED DOG OWNER

#4 BREEDER EXHIBITOR INTERESTED DOG OWNER

By signing this application, I hereby apply for membership in the National Bluetick Coonhound Association, and if approved, I agree to abide by its Constitution and By-Laws and the rules of the American Kennel Club. I have enclosed my membership fees made payable to NBCA in U.S. funds for the calendar year.

Adult Applicant(s) x _____ x _____

*Type of Membership (Please Circle):	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Reinstatement
Junior (>18)	<input type="checkbox"/> Adult	<input type="checkbox"/> Family (2 adults/2 juniors; for any additional person over 4, dues at the regular Junior or Adult rate)	
\$5	\$10	\$20	

Date received: ____/____/____ Amount paid : \$ _____ check # _____ by _____
paypal _____

Ballot Date Approved/Rejected: ____/____/____ Date Notified ____/____/____ by _____

Further action: