

Bernese Mountain Dog Club of Alaska

Application For Membership

JB	Application date/1st re 2nd reading date:	eading: Approved:
OF ALASKA	Amount paid:	Check #:
Name:		
Address:		
City:	State:	Zip:
Phone: (Home)	(Work)	
Email:		
Type of Membership:		Associate: \$15
1. Do you own a Bernese What are their	Mountain Dog (BMD)? If so, how names?	many?
2. When did you get your	first BMD?	
Pet/Companion Breeder Drafting	be youself as a BMD owner? (Chec Obedien Breeder, Therapy	nce /Exhibitor (owner/handler) Work
4. Does your dog(s) hold a	any titles?	
5. Why are you interested	in joining this club?	
6. Do you belong to any or	ther dog clubs? If yes, please list.	

7. Have you ever had your membership terminated or suspended from the American Kennel Club or

any other dog club? Please explain.

10 Are you a member of			parties, etc.
To. The you a memoer	of the Bernese Mo	untain Dog Club of America?	
		ership. Sponsors need to be in good **Sponsor not needed for associate	
Sponsor's printed name		Sponsor's signature	Date
Sponsor's printed name		Sponsor's signature	Date
In applying for members		Sponsor's signature agree to comply with the bylaws a the rules of the American Kenne	nd constitution of the
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