



AMERICAN BOLOGNESE CLUB MEMBERSHIP APPLICATION FORM

Choose a Membership Plan: **\$20.00 - 1 year** **\$35.00 -2 years** **\$50.00 – 3 years** **(Renewals due in January.)**

OWNER INFORMATION

Name(s):

Street Address:

City:

State/Zip Code:

Contact Number #1:

Contact Number #2:

E-mail Address:

**Please choose the e-mail you want to use for all Club notifications/communication.
Do NOT use any other e-mail for Club communications. Thanks!**

OTHER INFORMATION

Bolognese residing in household:

Dog Name:

Birth Date:

Registration #:

Dog Name:

Birth Date:

Registration #:

Mark one option for each question below:

Do you plan to show? YES NO

Do you plan to breed? YES NO

Do you agree to abide by the Constitution, By-laws, and the Code of Ethics for the American Bolognese Club?

YES NO

Date:

Signature of Owner/Applicant:

Signature of Co-Owner:

Sponsor Signature: Write kennel name and sign. (A sponsor might be the breeder of your Bolognese, someone on the Board of Directors, a current ABC Member in good standing, etc.) *Please print the names of proposed sponsors.*

Active Sponsor Member 1:

Active Sponsor Member 2:

**PLEASE ENCLOSE YOUR CHECK OR MONEY ORDER WITH APPLICATION FORM.
MAKE PAYABLE TO: AMERICAN BOLOGNESE CLUB
MAIL TO: TERRI MCDONALD - 388 DAVIS ROAD, PETAL MS 39465**

Agreement to e-mail/electronic notification: I/We hereby agree to e-mail/electronic notification, and request to receive notices and newsletters in this manner. I accept this form of notice. *Please use the e-mail address provided above.* I/We agree to notify the American Bolognese Club of a change in e-mail. We can cancel e-mails by contacting the club secretary or by following directions given on the web page to remove my/our name from the e-mail contacts.

I/We agree to e-mail/electronic notification as set forth above:

Print Name:

Signature of Member: