

AMERICAN BOLOGNESE CLUB **COMPANION MEMBERSHIP APPLICATION FORM**

Choose a Membershin Plan-\$20.00 - 1 year \$35 00 -2 years

\$50.00 - 3 years

Renewals due in January				
OWNER CONTACT INFORMATION				
Name(s):				
Street Address:		City:	State/Zip Code:	
Contact Number #1:	Contact Number #2:	E-mail Address:		
Please choose the email you want to use for all Club notifications/communication.				
OTHER INFORMATION				
Bolognese residing in household. Please fill out completely.				
Dog Name:	Birth Da	te: Regist	ration #:	Breeder:
Dog Name:	Birth Da	te: Regist	ration #:	Breeder:
Dog Name:	Birth Da	te: Regist	ration #:	Breeder:
Do you plan to show? YES	NO Do you plan to breed? YES NO (If yes, please use breeder application.)			
 Always keep your communications with others regarding ABC members and the Board of Directors positive, professional, and respectful. The procedure for a valid complaint is to submit the same to the Club Officers or the Board of Directors. MEMBERS WHO KNOWINGLY VIOLATE THE CLUB'S CODE OF ETHICS WILL BE SUBJECT TO MEMBERSHIP SUSPENSION AND THE POSSIBLE LOSS OF REGISTRATION PRIVILEGES. I have read the foregoing American Bolognese Club Code of Ethics, understand the terms and conditions and agree to the same. 				
Do you agree to abide by the American Bolognese Club Constitution, By-laws, and the Code of Ethics? YES NO				
By signing below, I certify that this information above is correct and agree to email notifications, such as Club notices and newsletters. I/We agree to notify the American Bolognese Club of a change in all contact information. I may cancel emails by contacting the club secretary at americanbologneseclub@gmail.com.				
Date:	Signature of Owner/Applic	cant:		
Date:	Signature of Co-Owner:			

Sponsor Signature: A sponsor might be someone you know who is a current ABC member in good standing. (The breeder of your Bolognese, someone on the Board of Directors, 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

Form Rev 5.21.21