

\$50.00 - 3 years\$20.00 - 1 year \$35.00 -2 years Choose a Membership Plan: (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. Please fill out completely. Birth Date: Registration #: Breeder: Dog Name: Birth Date: Registration #: Breeder: Dog Name: Birth Date: Dog Name: Registration #: Breeder: Mark one option for each question below: NO Do you plan to show? YES NO Do you plan to breed? YES (If yes, please use breeder application.) Do you agree to abide by the Constitution, By-laws, and the Code of Ethics for the American Bolognese Club? YES NO Agreement to e-mail/electronic notification: I 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. Cancel e-mails by contacting the club secretary. By signing below, I certify that this information is correct and agree to email notifications. Signature of Owner/Applicant: 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 11/25/19