

LENAPE BULLDOG CLUB OF PENNSYLVANIA
MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

_____ COUNTY _____

TELEPHONE: _____ EMAIL: _____

PLEASE CIRCLE ALL THAT APPLY BELOW:

- B – Registered a litter with the AKC in the past three years
- DO – interested dog owner. Have 1 or more registered AKC dogs but not active in the sport
- V – Licensed Veterinary
- VT – licensed Vet. Tech.
- J – AN AKC licensed judge
- E – Exhibitor – one who has entered an AKC licensed event in the past 2 years

PLEASE ANSWER THE BELOW QUESTION:

Have you placed an AKC Title on your dog(s)? YES NO If "yes" please list the title and date.

SIGNATURE: _____ DATE: _____

PROPOSED BY: _____

TYPE OF MEMBERSHIP (CHECK ONE):

- () Full voting \$10.00/year per person (must attend 2 meeting before being voted on)
- () Associated Membership – non-voting \$10.00/year per person

MAIL COMPLETED APPLICATION TO:
STEVE AIKMAN
707 BICKING DRIVE
WEST CHESTER, PA 19382

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DO NOT WRITE BELOW THIS LINE
CLUB USE ONLY

DATE SUBMITTED: _____ (1st reading)

DATE OF TWO MEETING ATTENDED (FULL MEMBERSHIP) _____

APPROVED BY MEMBERSHIP: _____