

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 one 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 two years

PLEASE ANSWER THE BELOW QUESTIONS:

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 (must attend 2 meetings before being voted on)
- () ASSOCIATE MEMBER- NON-VOTING \$10.00/YEAR

MAIL COMPLETED APPLICATION TO:

Lisa Treffinger
1104 Church Rd
East Greenville, PA 18041

*DO NOT WRITE BELOW THE LINE
FOR CLUB USE ONLY*

DATE SUBMITTED: _____ (1ST READING)

DATE OF TWO ATTENDED MEETINGS(full membership): _____ & _____

APPROVED BY MEMBERSHIP: _____