



MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT

NAME (Miss, Mr., and/or Mrs.) _____

STREET _____ PHONE _____ AREA CODE _____

CITY _____ STATE _____ ZIP CODE _____

PROFESSION _____ EMPLOYED BY _____

APPLICANT'S SIGNATURE _____

RECOMMENDED BY: 1. _____

2. _____

These recommendations must be made by two unrelated current SBCFL members in good standing. They shall attest to the character, moral desirability and good breeding practices of the applicant.

FEE: \$15.00 (per individual) shall accompany this application. It covers the period Jan. 1 of the current year through Dec. 31 of the current year. if an individual joins between July 1 and Dec. 31, the dues will be \$7.50 (½) the full years dues, then on December 31 of the current year, a full years dues will be due. Upon approval of this request for membership, the applicant shall agree to abide by the Constitution and By-Laws of the Saint Bernard Club of the Finger Lakes and also states that he/she is in good standing with AKC.

This application has been presented to the Membership and approved or disapproved According to the Constitution of the Saint Bernard Club of the Finger Lakes.

President

Date

NOTE: Completion of pages 2 and 3 is required before application can be considered.

NOTE: It is the responsibility of the member to keep these records up to date. The Membership Chairman will maintain a file on these records and should be informed of any changes.

PLEASE LIST THE FOLLOWING INFORMATION

NAME _____ DATE _____

Other Kennel Clubs you are currently member of (i.e., St. Bernard Club of America)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Litters whelped within the last 18 months

	<u>Date</u>	<u>No. Males</u>	<u>No. Females</u>	<u>Sire</u>	<u>Dam</u>
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