



# 2010 MEMBERSHIP FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE # ( ) \_\_\_\_\_ WORK # ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

OTHER CLUBS TO WHICH YOU BELONG: \_\_\_\_\_  
\_\_\_\_\_

SPECIAL TALENTS OR AREAS OF INTEREST YOU CAN CONTRIBUTE TO CLUB: \_\_\_\_\_  
\_\_\_\_\_

SPONSORED BY: 1. \_\_\_\_\_  
2. \_\_\_\_\_

DUES: \$20.00 Family: \$ \_\_\_\_\_  
\$15.00 Single: \$ \_\_\_\_\_  
Additional BRBTC Donation: \$ \_\_\_\_\_  
  
TOTAL ENCLOSED: \$ \_\_\_\_\_

Would you be interested in sponsoring a rescue dog (medical/boarding costs) Yes \_\_\_\_\_ No \_\_\_\_\_

Make Checks Payable to: THE BLUE RIDGE BULL TERRIER CLUB, Inc.

Mail Check & Application to: Ginger Brown, Secretary  
3609 North Upland Street  
Arlington, VA 22207

Pay by Credit Card:



CREDIT CARD NUMBER: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_ 3 or 4 digit Verification Number \_\_\_\_\_



Signature of Applicant: \_\_\_\_\_

I AGREE TO ABIDE BY THE CONSTITUTION OF THE BLUE RIDGE BULL TERRIER CLUB AND THE AMERICAN KENNEL CLUB. I DO NOT ADVOCATE OR PARTICIPATE IN ANY FORM OF INHUMANE TREATMENT TO ANY ANIMAL, WHICH INCLUDES DOG FIGHTING, PITTING, ROLLING OR OTHER ACTIVITIES OF SUCH NATURE.