



MEMBERSHIP FORM

NAME: _____ DATE: _____

ADDRESS: _____

PHONE # () WORK # () FAX # () EMAIL: _____

OTHER CLUBS TO WHICH YOU BELONG: _____

ARE YOU PRIMARILY A: (IF OTHER - EXPLAIN)

BREEDER: _____ EXHIBITOR: _____ PET OWNER: _____ HANDLER: _____ OBEDIENCE: _____
OTHER: _____

AREA OF INTEREST YOU WOULD LIKE TO PURSUE: _____

SPECIAL TALENT YOU CAN CONTRIBUTE TO CLUB: _____

SPONSORED BY: 1. _____

SEVERAL WAYS TO MAKE A DONATION:

DUES: \$20.00 Family: \$ _____
 \$15.00 Single: \$ _____
 Subscription to Newsletter only: \$ _____
 Additional BRBTC Donation: \$ _____

 TOTAL ENCLOSED: \$ _____

Credit Card Number: _____ Expiration Date: _____

Paypal.com (enter brbtclub@yahoo.com to make donation)

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

Mail Check & Application to: **Ms. Connie Thomas, Treasurer**
 14916 Jaslow Street
 Centreville, VA. 20120

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.