



# Heart of America Bulldog Club, Inc.

## Membership, Application/Questionnaire

(Rev 1/0)

Today's Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

Home phone (with area code): \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### Recommended by current HABC members:

First Member Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

Second Member Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

Please complete the next section. Your application must be signed by 2 current club members. Please return this completed application to the club members that recommended you for membership for their comments to be included in the section above.

Number of dogs you currently own? \_\_\_\_\_

Have you ever bred or sold dogs? \_\_\_\_\_

If so, what breeds? \_\_\_\_\_

Have you or would you sell to pet shops or dog brokers? \_\_\_\_\_

Will you allow HABC to inspect your kennel facilities? \_\_\_\_\_

By signing I am stating that this information is true and provided to the best of my knowledge.

Signed: \_\_\_\_\_

### Annual Fee / Type of Membership

\_\_\_\_\_ \$15 **Active Membership** (full membership with voting rights)

\_\_\_\_\_ \$5 (for each additional active member of the same household).

\_\_\_\_\_ \$10 **Associate Membership** (no voting rights, kept informed of club activities)

\_\_\_\_\_ Free **Junior Membership** (must be under 18 years old)