



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)