

**HELDERBERG BERNESE MOUNTAIN DOG CLUB OF NEW YORK
MEMBERSHIP APPLICATION FORM**

Name: _____

Address: _____

Phone: _____ **Email:** _____

Occupation: _____

of BMD's owned: _____ **Other Breeds owned:** _____

Do you currently belong to any other dog clubs? If so, which ones. _____

Have you ever been charged with animal cruelty? _____ **Yes** _____ **No**

Have you ever been, or are you currently suspended from the privileges of the American Kennel Club? _____ **Yes** _____ **No**

If Yes, please explain: _____

In applying for membership in the Helderberg Bernese Mountain Dog Club of New York (HBMDCNY), I agree to comply with all The American Kennel Club rules and regulations, and the Constitution and Bylaws of the HBMDCNY.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

The best way to keep you up to date about Club activities is by being on our Club's yahoo list. We will add your email address to this list.

If you do NOT want to be added to the Club's yahoo list, please indicate "No" here _____.

ANNUAL DUES:

_____ Individual (voting) \$20.00

_____ Household (voting) \$25.00

_____ Associate \$15.00

_____ Donation to the Rescue Fund (optional, but most welcomed)

_____ Donation to the General Fund (optional, but most welcomed)

_____ \$10.00 Postage Fee for any Member who has an Email address, but who wishes to have the Club Newsletter mailed

_____ **TOTAL ENCLOSED**

Date: _____

Please make your check payable to: HBMDNY. Mail this completed application to: Diane C. Duell, 25 Meadow View Drive, Troy, NY 12180.

NOTE: For a voting member application you must include the names of two Club sponsors, who are in good standing and are unrelated to you. Also, you must sign the Code of Ethics and send it with this application.

Signature of Sponsor #1: _____

Signature of Sponsor #2: _____

I am interested in: _____ Conformation _____ Obedience _____ Tracking _____ Agility
_____ Therapy _____ Grooming _____ Carting/Drafting _____ Fun _____ Other: (Please Specify)

I would like to volunteer for the following: _____ Match _____ Rescue _____ Show
_____ Supported Entry _____ Board Member _____ Ways and Means _____ Newsletter
_____ Hospitality _____ Education _____ Programs for Meetings _____ Other: (Please Specify)

You will be notified when your application has been approved, and you have been elected to membership into the HBMDNY. We thank you for your interest in our Club.

