

## MDBMDC MEMBERSHIP APPLICATION

Name(s):				
Mailing Address	:			
Phone :(H)	(W)	(Fax)	(Cell)	
Email:				
Occupation(s):				
How did you hea	ar about the MDBMDC	?		
Who do you kno	w in the club? (Please li	st all members):		
Why do you wan	nt to join the MDBMDC	?		
Who is your spo	nsor(s)? (Required to b	e a member):		
Have you attended any club events?" (Required to be a member) Yes No				
Please circle you	r area(s) of interest in j Companion Therapy work Obedience Conformation Breeding Agility Carting Herding Tracking Health/Nutrition Other:	-		

When did you acquire your first Bernese Mountain Dog?			
Was it a pet/companion or potential show quality?      Have you owned other breeds?    If so, which ones:			
Have you owned other breeds?			
	What breed(s)?		
How many litters? Did you register with the American Kennel C Do you show your BMD? If so, in what areas?			
How many years? Are you a member of another kennel club, ob If so, which one(s)?	pedience or specialty clubs?		
Are you or have you ever been an officer in a If so, please list the office and dates of service	dog club?		
The Mason-Dixon BMDC, like all breed clubs, is a Please indicate things you can do to help the club y			
steward for matches organize a fund day or dog walk			
help with Club clinics			
contribute articles for the newslett			
selling at Ways & Means table dur donate trophies for shows	ing events		
donate tropmes for shows help with hospitality at shows and	matchas		
foster rescue BMD's	matches		
other:			
Have you ever been a handler or a judge in a licens If so, please give specifics: Have you ever been suspended, expelled, or denied	sed dog show or fun match?		
If so, please disclose dates and circumstances:			
Do you derive income from the dog fancy other tha If so, please specify and explain:	an from the sale of puppies or stud service?		
I have read the questions set forth on this applicati understand that should this application be disappr Club is not obligated to make known the reason to	oved, the Mason Dixon Bernese Mountain Dog		
Signature of Applicant(s):	Date:		
	Date:		

Please list the names and information on the Bernese Mountain Dog(s) you currently own: Name :( both registered name and call name) \_\_\_\_\_\_

Date of Birth:				
Sex: M F				
AKC #:				
Breeder:				
OFA#:				
Sire:				
Dam:				
Spayed or Neutered?				
Name: (both registered name and call name)				
Date of Birth:				
Sove M E				
Sex: M F				
AKC #:				

Sire:
Dam:
Spayed or Neutered?

Name :( both registered name and call name)

Date of Birth:	_
Sex: M F	
AKC #:	_
Breeder:	
OFA#:	
Sire:	
Dam:	
Spayed or Neutered?	