

NORTHEASTERN ILLINOIS BOUVIER DES FLANDRES CLUB  
MEMBERSHIP APPLICATION FORM

NAME: \_\_\_\_\_

SPOUSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST:\_\_\_\_ - ZIP:\_\_\_\_\_

PHONE:( ) \_\_\_\_\_ EMAIL \_\_\_\_\_

YOUR CLASSIFICATIONS: BREEDER:\_\_\_ EXHIBITOR: \_\_\_ OWNER:\_\_\_NON-OWNER:\_\_\_

YOUR OCCUPATION: \_\_\_\_\_

OTHER DOG CLUBS OF WHICH YOU ARE A MEMBER: \_\_\_\_\_

\_\_\_\_\_

THE UNDERSIGNED APPLICANT AGREES, AS A CONDITION OF MEMBERSHIP, TO ABIDE BY THE CONSTITUTION BY-LAWS AND CODE OF ETHICS OF THE NORTHEASTERN ILLINOIS BOUVIER DES FLANDRES CLUB.

APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

SPONSOR: \_\_\_\_\_

DATE: \_\_\_\_\_

SPONSOR: \_\_\_\_\_

DATE: \_\_\_\_\_

DUES ARE \$25.00 /PERSON, \$40.00 /COUPLE, \$15.00/ NEWSLETTER ONLY, PER YEAR AND MUST ACCOMPANY THIS APPLICATION. DUES MAY BE WAIVED FOR ONE YEAR FOR ADOPTERS OF RESCUE DOGS. MAKE CHECKS PAYABLE TO: NIBdFC, KIM MARKWELL 5727 N. CENTRAL PARK AVENUE, CHICAGO, IL 60659

DOGS/BITCHES OWNED

1st: REGISTERED NAME: \_\_\_\_\_ AKC REG#: \_\_\_\_\_

CALL NAME: \_\_\_\_\_ SEX:\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SIRE: \_\_\_\_\_ DAM: \_\_\_\_\_

BREEDER: \_\_\_\_\_

2nd: REGISTERED NAME: \_\_\_\_\_ AKC REG#: \_\_\_\_\_

CALL NAME: \_\_\_\_\_ SEX:\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SIRE: \_\_\_\_\_ DAM: \_\_\_\_\_

BREEDER: \_\_\_\_\_

3rd: REGISTERED NAME: \_\_\_\_\_ AKC REG#: \_\_\_\_\_

CALL NAME: \_\_\_\_\_ SEX:\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SIRE: \_\_\_\_\_ DAM: \_\_\_\_\_

BREEDER: \_\_\_\_\_

IF MORE SPACE IS REQUIRED FOR ANY SECTION, PLEASE USE REVERSE SIDE OF THIS FORM.