

Miniature Bull Terrier Club of America Membership Application Form



Name: Occupation:							
Name:			Occupat	ion:	on:		
Address:		City:		S	tate:	Zip:	
Country:	Telephone:		_Email:		K	ennel:	
Interest (circle)	Pet Owner Breeder	Exhibitor	Obedience	Agility	Therapy	Other	
How many Mini	ature Bull Terriers do you	u own?	Femal	e	Male		
Registered Name	e of one:				A	AKC#:	
From whom hav	re you acquired your MBT	Γ(s)?					
List other breeds	s that you own at this time	e:					
Are you familiar	with the AKC standard f	for the Minia	nture Bull Terr	ier?			
Are you aware o	of the genetic problems w	ithin the bree	ed?				
If planning to br	eed MBT(s), do you agre	e to no knov	vingly breed, o	r breed to	, an animal	afflicted with or	
carrying such ge	enetic disease?						
Are you willing	to serve within the club a	s an officer	or serve on a c	ommittee'	·		
Do you belong to	o any other Breed or All-	breed Dog C	lub? No	Yes, _			
further agree t	the American Kennel (to abide by the Constitu terests, welfare and he	ition and B	ylaws and Co	•		• ,	
	,	· ·					
Date:			Date:				
Sponsor:	Signatu	ıre:		Da	te:		
	A brief letter of introduction uired along with this applic		the applicant de	escribing th	eir interest	in and reasons for joining	
	Dues: Individual Men	•	5.00 Couple: to MBTCA Me		oreign: \$35	5.00	
			tion and Check	_			
K	Kathy Flaugh, Membership (Chairperson, 9	9224 Kinlock D	r., Indianap	oolis, IN 462	256-2242	
APPLIC	ATIONS WITHOUT A SPON	SOR AND LE	TTER OF INTRO	DUCTION	WILL NOT B	SE PROCESSED	
Date application v	vas received:		Accepted / R	Lejected			

Check Received: _____ Letter of Introduction (Resume) Received: _____