

Colonial

BLOODHOUND CLUB
EST. 1987



Name: _____

Address: _____

City, State, Zip _____

Phone: _____ Cell: _____ Email Address: _____

Kennel Name: _____

Date: _____

I/We hereby apply for membership in the Colonial Bloodhound Club, subject to the approval of the Board of Directors. I/We agree to abide by the Club's Constitution and By-Laws and hereby state I/We are in good standing with the American Kennel Club and the American Bloodhound Club.

Signature: _____

Please include a check for your first-year dues along with the application payable to CBC.

Single Membership _____ (carries one vote only) \$20.00

Family Membership _____ (carries one vote only) \$25.00

Junior Membership _____ (carries no vote) \$ 5.00

Sponsor # 1 - Printed Name and Date

Sponsor #2 - Printed Name and Date

Sponsor #1 - Signature

Sponsor #2 - Signature

I currently own _____ bloodhounds

My Interest are: Showing Obedience Trailing/Tracking Pet Only

Other (Specify): _____

You will be notified by mail or email when the CBC Membership Chairperson has received your application. After publication of your name, there will be a 30-day waiting period for membership input before a vote by the CBC Board. You will be notified by the Membership Chairperson after your application has been voted on.

Make checks payable to the Colonial Bloodhound Club and mail to:

Tracey Nooft, Membership Chairperson
Colonial Bloodhound Club
14046 Joretta Drive
New Freedom, PA 17349
nozenears@hotmail.com