

Colonial

BLOODHOUND CLUB

EST. 1987



Name: _____

Address: _____

City, State, Zip _____

Phone: _____ Cell: _____ Email Address: _____

Kennel Name: _____

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: _____ Date: _____

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 Interests 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:

Darlene Sanders, Membership Chairperson
Colonial Bloodhound Club
606 Lavina Drive
Mechanicsburg, PA 17055
rebelwon@comcast.net

Payment can also be made by PayPal, Credit Card or Zelle to colonialbhc@colonialbhc.org

PLEASE DO NOT SEND CASH

Form of payment: _____ Date Sent: _____