

# 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:

**Lou Ann Pomposelli**, Membership Chairperson  
Colonial Bloodhound Club  
117 McMunn Avenue  
Pittsburgh, PA 15205  
pompJandL@aol.com

Payment can also be made by PayPal, Credit Card or Zelle to [colonialbhc@colonialbhc.org](mailto:colonialbhc@colonialbhc.org)

**PLEASE DO NOT SEND CASH**

Form of payment: \_\_\_\_\_ Date Sent: \_\_\_\_\_