



KENTUCKIANA BERNESE MOUNTAIN DOG CLUB

Application for Membership

Name(s): _____

Phone #: _____ Cell #: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Bernese Mountain Dogs Currently Owned:
(Please continue this list on a separate sheet if necessary)

Name: _____

Call Name: _____

Birth Date: _____ Sex: _____

Breeder: _____

AKC#: _____

OFA #'s: _____

Sire: _____

Dam: _____

Name: _____

Call Name: _____

Birth Date: _____ Sex: _____

Breeder: _____

AKC#: _____

OFA #'s: _____

Sire: _____

Dam: _____

List number and breeds of other dogs you own or co-own:

When did you acquire your first BMD? _____ Have you been a breeder of BMDs in the last 5 years? _____

How many litters have you whelped in the last 5 years? _____ If you have one, what is your kennel name?

Check the activities you participate in with your BMDs.

Conformation ___ Obedience ___ Tracking ___ Agility ___ Drafting ___ Therapy Dog ___

Other _____

Please list the dog clubs in which you are currently active. Also, please note any offices that you hold.

Have you ever been suspended from the privileges of the AKC? If so, please state the dates and circumstances.

Please check your areas of interest:

Conformation Obedience Tracking Care/Feeding/Health Agility Breeding Drafting/Carting
Herding Therapy/CGC

Other (please list) _____

Please check the Club activities that you might like to become involved in:

Public Education Rescue Newsletter Website Planning Meetings Ways & Means

Other (please specify) _____

In the space provided below explain why you wish to be a member of the KBMDC:

I, THE UNDERSIGNED, hereby apply for membership in the Kentuckiana Bernese Mountain Dog Club, Inc., and hereby agree to abide by its Constitution, Bylaws and Code of Ethics as well as the rules and regulations of the American Kennel Club now and as they may be amended in the future. I have read the questions set forth on this application and have answered the same truthfully and fully. I understand that should this application be disapproved, the Kentuckiana Bernese Mountain Dog Club Inc. is not obligated to make known the reason to me.

Signature: _____ Date: _____

Signature: _____ Date: _____

KENTUCKIANA BERNESE MOUNTAIN DOG CLUB



Membership Sponsor Form

NAME OF CANDIDATE: _____

CANDIDATE'S ADDRESS: _____

SPONSOR'S NAME(s): _____

SPONSOR'S PHONE#: _____

SPONSOR'S SIGNATURE _____ DATE: _____

KENTUCKIANA BERNESE MOUNTAIN DOG CLUB



Membership Sponsor Form

NAME OF CANDIDATE: _____

CANDIDATE'S ADDRESS: _____

SPONSOR'S NAME(s): _____

SPONSOR'S PHONE#: _____

SPONSOR'S SIGNATURE _____ DATE: _____

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Membership Dues Schedule Membership Application

Dues Schedule:

Initiation Fee \$20.00

Membership Types (choose one)

Regular \$20.00 annual dues*

Additional Regular Member(s) \$15.00 annual dues*

- Regular Member – Open to persons 18 years of age and older who enjoy all the privileges of this Club including the right to hold office, sponsor, nominate and second and are entitled to one vote. Regular Members are counted in the quorum for Club meetings. A Regular Member may transfer at any time to Associate Membership by written request to the Secretary, with any change in dues to be effective for the following year.

Associate \$15.00 annual dues*

Additional Associate Member(s) \$10.00 annual dues*

- Associate Member – This category of membership is recommended for individuals who do not anticipate regular attendance at meetings. An Associate Member shall be informed of all Club meetings and activities, shall receive the Newsletter, may serve on Committees and may participate in all club activities, but may not vote, hold office, sponsor, nominate or second, and is not counted in fulfilling quorum requirements. An Associate Member who is at least 18 years of age may transfer to Regular Membership by written request to the Secretary at the time of yearly membership renewal and dues payment.

* If applying for membership after September 1st and before January 1st, the dues are reduced by 50%.*

Total Due \$ _____

Make check payable to KBMDC, Inc.

Mail completed application, signed Code of Ethics, completed sponsorship forms (2), and amount due to:

If you have questions about Membership in the KBMDC contact Rachel by email or by phone.

smith603@purdue.edu

260-244-6150

KBMDC Membership Chair:

Rachel Smith

Kentuckiana BMD Club

5201 E. Little Turtle Tr.

Columbia City, IN 46725