



Miniature Bull Terrier Club of America Membership Application Form



Name:	Occupation:		
Name:	Occupation:		
Address:	City:	St:	Zip:
Country: Telephone: _	Email:	Ke	ennel:
Interest (circle) Pet Owner Breeder	Exhibitor Obedience	Agility Therapy	Other
How many Miniature Bull Terriers do yo	ou own? Female	Male	
Registered Name of one:		AK	CC#:
From whom have you acquired your MB	T(s)?		
List other breeds that you own at this tim	ue		
Are you familiar with the AKC standard	for the Miniature Bull Terri	er?	
Are you aware of the genetic problems w	vithin the breed?		
If planning to breed MBT(s), do you agree carrying such genetic disease?	ee to not knowingly breed, o	or breed to, an anim	nal afflicted with or
Are you willing to serve within the club a	as an officer or serve on a co	ommittee?	
Do you belong to any other Breed or All-	-breed Dog Club? No Ye	es,	
I (we) apply for membership into are in good standing with the Am and regulations. I (we) further ag of Ethics of this club and to pro	erican Kennel Club an gree to abide by the Co omote the interests, wel	nd agree to abid onstitution and l fare and health	e by AKC rules Bylaws and Code
Date:	Date	·	D. (
Sponsor:			Date:
PLEASE NOTE: A brief letter of intr in and reasons for joining t			
Make che	rship: \$25.00 Couple: S ck payable to MBTCA Men nd application and Check to	<u>nbership</u>	\$35.00
	Chairperson, 92 Letchworth		H 43204
NO APPLICATION WITHOUT A			
Date application was received:			
Check Received: Let	Letter of Introduction (Resume) Received:		