



Alberta Bouvier des Flandres Club

Membership Application

Name:	
Mailing Address:	
Phone:	
Email Address:	
Additional Family Members:	
Please list the Bouviers you own:	
Membership:	____ New Membership or ____ Renewal Membership
Do you Breed?	____ Yes ____ No
Would you like to be on the Breeder referral list?	____ Yes ____ No (if Yes, please include fee of \$15.00)
Kennel Name:	
Do you agree to abide by the ABdFC Code of Ethics:	____ Yes ____ No (all breeders/members must sign if they wish to be included on the breeder referral list.) Signature(s): _____
Canadian Kennel Club Member Number:	
ABdFC Trophy Fund:	I would like to donate _____ to the club's Trophy Fund. All donations will be acknowledged in the Specialty Show Catalogue.
Membership Fees:	One person \$30.00 per year (January 1st – December 31st) Additional family members (over 18 years of age) \$5.00 Breeder Referral List Fee \$15.00
Please send cheque or money order to:	Alberta Bouvier des Flandres Club Susan Hawke #24, 14811-114 Ave. Edmonton, AB T5M 4E5