



BERNESE MOUNTAIN DOG CLUB OF SOUTHEASTERN WISCONSIN

APPLICATION FOR MEMBERSHIP

NAME:			
NAME:			
ADDRESS:			
CITY, STATE ZIP:			
OCCUPATION:			
HOME PHONE:		EMAIL:	

SPONSORS: SPONSORSHIP OF TWO NON-RELATED CLUB MEMBERS IN GOOD STANDING IS REQUIRED FOR ELECTION TO MEMBERSHIP. PLEASE FORWARD TO YOUR TWO SPONSORS THE "QUESTIONNAIRE TO SPONSOR CANDIDATE FOR MEMBERSHIP" FORM. ASK THE MEMBERSHIP CHAIR FOR HELP IF YOU ARE NEW TO THE CLUB OR TO THE BREED.

NAMES OF SPONSORS TO WHOM YOU SENT THE
"QUESTIONNAIRE TO SPONSOR CANDIDATE FOR MEMBERSHIP" FORM

NAME 1:		NAME 2:	
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TYPE OF MEMBERSHIP

REGULAR MEMBER:		YOU PLAN TO ATTEND AT LEAST ONE MEETING EVENT A YEAR AND WOULD LIKE TO HAVE INPUT INTO THE DIRECTION AND ACTIVITIES OF THE CLUB. AUTOMATICALLY RECEIVE 'THE YODELS'
ASSOCIATE MEMBER:		YOU LIVE OUTSIDE THE AREA AND PROBABLY WILL NOT ATTEND MEETING EVENTS BUT ARE INTERESTED IN BELONGING TO A REGIONAL BMD CLUB. AUTOMATICALLY RECEIVE 'THE YODELS'

* MEMBERSHIP STATUS MAY BE CHANGED AT THE BEGINNING OF EACH YEAR*

FEES:

APPLICATION FEE	\$20.00	
SINGLE MEMBER DUES	\$15.00	
OR		
SECOND ADULT IN HOUSEHOLD (FAMILY)	\$20.00	

* PLEASE CHOOSE SINGLE OR FAMILY MEMBERSHIP*

PLEASE SEND SEPARATE CHECKS FOR APPLICATION FEE AND DUES

YODELS:	INDICATE HOW YOU WOULD LIKE TO RECEIVE THE "YODELS"	REGULAR MAIL		EMAIL	
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AREAS OF INTEREST

OWNER		EXHIBITOR		BREEDER		CONFORMATION		OBEDIENCE	
CARTING		AGILITY		TRACKING		THERAPY		OTHER	

BMD'S OWNED

NAME 1:			
AKC#			
DATE OF BIRTH:			
SEX:			
BREEDER			
SIRE/OFA#			
DAM/OFA#			
NAME 2:			
AKC#			

DATE OF BIRTH:	
SEX:	
BREEDER	
SIRE/OFA#	
DAM/OFA#	
LIST ADDITIONAL:	

PLEASE LIST AREAS OF INTEREST AND EXPERTISE THAT MAY BE USEFUL TO THE CLUB OR BREED

THESE MIGHT INCLUDE:
 WRITER, GROOMER, ARTIST,
 AND PRINTER, MEDICAL OR
 VETERINARY BACKGROUND,
 LAWYER, ACCOUNTANT,
 GRAPHICS DESIGNER,
 PHOTOGRAPHER, COMPUTER,
 HANDY CRAFTS, DESK TOP
 PUBLISHING, ETC...

HOW WOULD YOU LIKE THE
 CLUB TO SERVE
 YOU AND YOUR BERNER?

ALL APPLICANTS MUST SIGN THE BMDCEW'S CODE OF ETHICS.

PLEASE SEND THE APPROPRIATE FEES AND COMPLETED APPLICATION TO THE MEMBERSHIP CHAIR

SUE WELLENSTEIN		FOR OFFICE USE ONLY:		
5705 SAINT IVES ROAD		DATE RECEIVED		1 ST READING
OSHKOSH, WI 54904		RECEIVED PAYMENT		2 ND READING
EMAIL		DISPOSITION:		
QUESTIONS: 920-231-2881				