

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Additional Family Members: \_\_\_\_\_

Please list the Bouviers you own:

New Membership \_\_\_\_\_ or Renewal \_\_\_\_\_

Do you breed? YES or NO \_\_\_\_\_

I would like to be on the breeder referral list: \_\_\_\_\_ (Please include fee of \$15.00) Kennel Name: \_\_\_\_\_

I agree to abide by the ABdFC Code of Ethics: Yes or No: \_\_\_\_\_ (All breeder/members must sign if they wish to included on the referral list)

Signature(s): \_\_\_\_\_

Canadian Kennel Club Membership Number: \_\_\_\_\_

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 (Jan. 1 to Dec. 31)

\* Additional Family Members (over 18 years of age) ..... \$5.00each

Breeders Referral List Fee.....\$15.00

**Send your Membership Application with your cheque or money order to:**

**ALBERTA BOUVIER DES FLANDRES CLUB**

**Adriana Ellis, Treasurer**

**18324- 71 Avenue, Edmonton AB T2T 2V7**

**Phone: 780-489-8353**