



Membership Application Bouvier des Flandres Club of Northern California

The Bouvier des Flandres Club of Northern California (BCNC) is a non-profit organization formed to share the experience of ownership and promote the companionship, training & breeding of the purebred Bouvier des Flandres. Whether a casual dog lover or serious breeder/handler, the club offers an environment to share experiences and create lasting friendships, all with the love of our Bouviers at its core. Profits obtained by the Club are devoted to the above purposes and/or charitable or civic organizations.

Requirements for membership are:

1. Applicant(s) must be 18 years of age or older. Individuals under 18 may apply as Associate/Junior Members ONLY.
2. Applicant(s) must send completed application, along with YEARLY dues, to the Club Treasurer listed below. See Bylaws for a guide to membership.
3. Yearly membership dues are:

\$45.00*	Family Membership. Two Votes per Household
\$35.00*	Regular Membership. One Vote per Household
\$25.00#	Associate/Junior Membership. Non-voting Status

The appropriate fee is required at time of application and every January 1st thereafter.

*Membership fees include Special Risk insurance coverage per voting member. If you wish coverage for all family members, an additional \$5.00 per individual will be assessed. Please include names for those individual family members you wish carried in the space below and submit increased fees with your membership – additional coverage requires Family Membership status.

#Puppy buyers of current BCNC members receive an Associate Membership free of charge for the first year.

4. Applicant(s) will subscribe to the Bylaws and Guidelines for Responsible Ownership of the Bouvier des Flandres of Northern California.

NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HM PHONE _____ CELL PHONE _____ E-mail ADDRESS _____

OCCUPATION(S) _____

*ADDITIONAL FAMILY MEMBERS (for Special Risk Insurance Coverage)

<i>Which of the following activities &/or special interests would you like to participate in:</i>		
<input type="checkbox"/> Conformation	<input type="checkbox"/> Carting	<input type="checkbox"/> Educational Seminars
<input type="checkbox"/> Obedience	<input type="checkbox"/> Specialty Show	<input type="checkbox"/> Membership
<input type="checkbox"/> Grooming	<input type="checkbox"/> Trophies	<input type="checkbox"/> Hospitality
<input type="checkbox"/> Herding	<input type="checkbox"/> Ways & Means	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Obedience	<input type="checkbox"/> Committees	_____

Your signature indicates that you have read and understand the “Guidelines for Responsible Ownership” and agree to abide by them and the above membership requirements.

PRIMARY APPLICANT’S SIGNATURE _____ DATE _____

ADDITIONAL FAMILY MEMBER SIGNATURE _____ DATE _____

Make check payable to “BCNC”. Mail with completed application to:
Rhoda Paul, BCNC Treasurer
6712 Evergreen Avenue, Oakland, CA 94611 (rhodapaul@comcast.net)