

# CALIFORNIA BULLMASTIFF FANCIERS

## MEMBERSHIP APPLICATION/RENEWAL

New member ( ) Renewal ( )

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Do you currently own a Bullmastiff? \_\_\_\_\_ If so, how many? \_\_\_\_\_ Breeder? \_\_\_\_\_

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

Do you currently show? \_\_\_\_\_ Do you plan to show? \_\_\_\_\_

Are you an ABA member? \_\_\_\_\_ Would you be willing to help with rescue? \_\_\_\_\_

Would you be willing to participate in club activities? \_\_\_\_\_

Do you have any skills or talents which might be beneficial to the breed and/or club? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Annual Dues: Family \$30 ( ) Senior Family \$15 ( ) \_\_\_\_\_

Single \$20 ( ) Senior Single \$10( ) \_\_\_\_\_

Donation to Rescue Fund (Voluntary) \_\_\_\_\_

Total Remitted \_\_\_\_\_

**Please remit completed application to:**

Teena Uyeno

1361 Mayapan Road

La Habra Heights, CA 90631

***Please make checks payable to "CBF"***

Accepted ( ) Rejected ( )

Date: \_\_\_\_\_ Check # \_\_\_\_\_