

CALIFORNIA BULLMASTIFF FANCIERS

MEMBERSHIP APPLICATION/RENEWAL

New member () Renewal () 2011

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:

Nicole Riesgo

121 North Hudson

Los Angeles, CA 90004

Please make checks payable to "CBF"

Accepted () Rejected ()

Date: _____ Check # _____

