

Please fill out this form in its entirety and print clearly.
 Yearly Dues: \$30 for individual membership and \$55 for family membership (living in the same household)

Name of Applicant (1): _____

Name of Family Applicant (2): _____

Address: _____

Phone No. (1): _____ Phone No.(2): _____

Email (1): _____ Email (2): _____

Club Affiliation Name & No.: _____

WAIVER OF LIABILITY

I understand that participation in events is at my own risk. I will not hold Federation American Bulldog, Inc. or any individuals representing Federation American Bulldog, Inc. responsible for damage that may occur to my person, property, or dog as a result of the participation in trials or other activities held by the organization.

I understand that the training of my dog for all Federation American Bulldog, Inc. events is my responsibility and I will conduct my training responsibly and humanely and with the best interest of my dog in mind.

I understand that it is my responsibility to carry ample insurance to cover potential damages my dog may cause or incur at Federation American Bulldog, Inc. events.

I understand that it is my responsibility to read the Bylaws of the organization and to abide by them.

I understand that I alone am responsible for my actions and the actions of my dogs and I agree to keep my dogs under control at all Federation American Bulldog, Inc. events.

I have read and agree to the above Waiver of Liability:

Applicant Signature _____ Date _____

Family Applicant Signature _____ Date _____

Please send this signed and completed membership application and one full year membership dues.

<p>Make checks/ Money Orders payable to: Federation American Bulldog Refer to website for mailing address</p>	<p>Pay by Paypal Email to:secretary@Federationab.com Refer to website for Paypal payments</p>
<p>FOR INTERNAL OFFICE USE ONLY</p>	
<p>DATE RECEIVED: _____</p>	<p>MEMBERSHIP NO. ASSIGNED: _____</p>
<p>EXPIRATION DATE: _____</p>	<p>FAMILY MEMBERSHIP NO. ASSIGNED: _____</p>