

North Island Bull Terrier Club Inc



Membership form

Attn The Secretary
PO Box 44, Waihi

DECLARATION OF HONOUR

NORTH ISLAND BULL TERRIER CLUB ENCOURAGES IT'S MEMBERS TO UNDERTAKE HEALTH TESTING OF THEIR DOGS/BITCHES PRIOR TO BREEDING OF THE FOLLOWING CONIDITIONS: LUXATING PATELLA, NEPHRITIS, POLYCYSTIC KIDNEY DISEASE, HEART DISEASE OR DEAFNESS. MEMBERS DECLARE THEY WILL NEITHER BREED FROM, NOR OFFER AT STUD ANY ANIMAL WHICH HAS SUFFERED OR IS SUFFERING FROM A PAINFUL HERITABLE DEFECT. MEMBERS ALSO AGREE NOT TO CROSSBREED WITH ANY OTHER BREED OF DOG EXCEPT ANY DOGS NZ (NZKC) REGISTERED BULL TERRIER/ BULL TERRIER (MINIATURE) AS OUTLINED BY DOGS NZ PROTOCOLS, NOR WILL THEY BREED OR OFFER TO BREED TO ANY UN REGISTERED BULL TERRIERS/ BULL TERRIER (MINIATURES).MEMBERS DECLARE NOT TO BREED FROM OR EXHIBIT DEAF BULL TERRIERS/BULL TERRIER (MINIATURES). THE EXIHIBITION OF DEAF BULL TERRIERS/ BULL TERRIER (MINIATURES) IS RESTRICTED TO RIBBON PARADE LEVEL ONLY AND THE ARE NOT ELIGIBLE TO ENTER ANY OPEN OR CHAMPIONSHIP SHOWS HELD UNDER DOGS NZ RULES.

1. I/We the undersigned wish to re-apply for membership of the North Island Bull Terrier Club Inc.

2. I/We are interested in Bull Terrier for Pet/ Showing / Breeding

3.I/We agree the abide by the rules and code of conduct of the NIBTC and be party only to honourable dealings which will reflect favourably on the breed

(Valid to May 31 2026)

Date

Name

Type of membership

Emailed Bulletin	\$ 35.00	tick
Emailed Posted (Black & White) + emailed	\$ 45.00	
Emailed Posted (Full Colour) + emailed	\$ 55.00	

Payment to be made to:

01-0218-0050772-00

****Use your name and Subs 25 as reference****

Address

Phone number

Email

Signed

Date

email this to northislandbullterrierclub@yahoo.co.nz ****membership is not valid until payment is received****