

Application for Membership to
The Wellington Bulldog Club (Inc)

Name: _____ Address: _____ _____ _____ Phone: _____ E-mail: _____	No. of Dogs Owned: _____ French/British : _____ Kennel Name: _____ Show: Yes/No Breed: Yes/No May Show or Breed: Yes/No
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I agree to abide by the Executive decision as to whether this Application is approved or declined, and to abide by the Rules of the Wellington Bulldog Club (Inc).

Signed: _____

Membership Fees:	Single	Family	Junior
Electronic Bullytyn	\$20.00	\$30.00	\$10.00
Hard Copy Bullytyn	\$30.00	\$35.00	\$15.00

(Cheques should be made payable to The Wellington Bulldog Club (Inc) or Online: 010504-0070862-00)

Send payment to: WBC Secretary
 Sue Cameron
 Pahaoa Station, RD4
 MARTINBOROUGH 5784

For Office Use Only:

Date Received:	_____
Receipt Number:	_____