

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? _____

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 check payable to “Shawn Daley” and put “CBF membership” in the memo field

Date submitted to club _____ Voted on _____

Accepted () Rejected ()