



Miniature Bull Terrier Club of America Membership Application Form



Name:	Occupation:			
Name:	Occupation:			
Address:	City:		St: _	Zip:
Country: Telephone:	Email:	· · =	Kennel:	
Interest (circle) Pet Owner Breeder Exhib	oitor Obedience	Agility	Therapy	Other
How many Miniature Bull Terriers do you own	? Female	M	[ale	
Registered Name of one:			AK	C#:
From whom have you acquired your MBT(s)?				
List other breeds that you own at this time				
Are you familiar with the AKC standard for the	Miniature Bull Terr	ier?		
Are you aware of the genetic problems within t	he breed?	-		
If planning to breed MBT(s), do you agree to no carrying such genetic disease?	ot knowingly breed,	or breed to	o, an anim	al afflicted with or
Are you willing to serve within the club as an o	officer or serve on a c	committee?	·	
Do you belong to any other Breed or All-breed	Dog Club? No Y	es,		
I (we) apply for membership into the I are in good standing with the America and regulations. I (we) further agree of this club and to promote the int	n Kennel Club at ee to abide by the	nd agree c Constit	to abide ution an	e by AKC rules ad Bylaws
Signature: Date:	Signature: Date:			
Sponsor: Sig	gnature:			_Date:
PLEASE NOTE: A brief letter of introduct in and reasons for joining the MI				
	\$25.00 Househol able to MBTCA Medication and Check to	mbership	Foreig	n: \$35.00
Wanda Moriarty, Membership Chairp			son, SC 2	9626-5642
NO APPLICATION WITHOUT A LET				
Date application was received:	Accepted / Rejected			
Check Received: Letter of I	Letter of Introduction (Resume) Received:			