



Membership Application

Name(s): _____

Kennel Name (if any): _____

Address: _____

City: _____ State: _____ Zip: _____ E-Mail Address: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Occupation: _____

Type of Membership (Check One):

Individual (One Year): - \$10.00

Individual (Two Year): - \$15.00

Family (One Year): - \$15.00

Number of Years as Basset Hound Owner: _____

Number of Years as Basset Hound Breeder: _____

Areas of Interest:

Field Trials: Tracking: Agility: Obedience: Conformation: Pet: Breeding:

I am willing to help with the following activities:

Shows/Matches: Basset Olympics: Basset Rescue: Newsletter:
Field Trials: Club Officer: Fund Raising: Ring Steward:

I (we) hereby make application for membership in the Emerald Empire Basset Hound Fancier, Inc. (EEBHF) according to Article I, Section 3 of EEBHF's By-Laws, I (we) agree to abide by the By-Laws of EEBHF.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Sponsor: _____ Sponsor: _____

Date of First Reading: _____ Date of Second Reading: _____

On the back of this form, please list the names and ages of any basset hound you currently or previously have owned, and any titles they may hold.

Applicant(s) Approved:

Applicant(s) Denied: