

FEDERATION AMERICAN BULLDOG

Please fill out this form in its entirety and print clearly.
Yearly Dues: \$30.00

Name of Club: _____ Website: _____

Purpose and Objective of Club: _____

Club Officers:

President: _____ Phone: _____ Email: _____

Address: _____ FEDAB Member No.: _____

Vice-President: _____ Phone: _____ Email: _____

Address: _____ FEDAB Member No.: _____

Secretary: _____ FEDAB Member No.: _____

Treasurer: _____ FEDAB Member No.: _____

Training Director: _____ FEDAB Member No.: _____

WAIVER OF LIABILITY

The club applying for membership agrees to secure and maintain necessary insurance coverage required to hold Federation American Bulldog, Inc. trials and training. The club applying for application on this form and all members of, will not hold Federation American Bulldog, Inc. or any individuals representing Federation American Bulldog, Inc. responsible for damage(s) that may occur to a person, property, or dog as a result of the participation in trials or other activities held by the club listed above.

The club members listed on this application has read the Bylaws of the organization and swears to abide by them.

We as a club have read and agree to the above Waiver of Liability:

President Signature _____ Date _____

Delegate Signature _____ Date _____

Please send this signed and completed membership application, a copy of club by-laws and one full year membership dues payable to Federation American Bulldog, Inc. to:

Federation American Bulldog
801 S. Spresser
Taylorville, Illinois 62568

FOR INTERNAL OFFICE USE ONLY

DATE RECEIVED: _____ DATE VOTED: _____ DATE ACCEPTED: _____

AFFILIATE CLUB NO. ASSIGNED: _____