

Please fill out this form in its entirety and submit along with annual club dues in the amount of \$30.00.

Name of Club: _____

President: _____ FEDAB Member No.: _____

Address: _____

Email: _____ Phone: _____

Vice-President: _____ FEDAB Member No.: _____

Address: _____

Email: _____ Phone: _____

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.

We as a club have read and agree and swear to abide by the above Waiver of Liability and the FEDAB By-laws:

President Signature: _____ Date _____

Delegate Signature: _____ Date _____

Please send the completed club application, a copy of applicant club by-laws and one full year membership.

Make checks/ Money Orders payable to: Federation American Bulldog Refer to website for mailing address	Pay by Paypal Email to: secretary@Federationab.com Refer to website for Paypal payments
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FOR INTERNAL OFFICE USE ONLY	
DATE RECEIVED: _____	DATE VOTED: _____
DATE ACCEPTED: _____	AFFILIATE CLUB NO. ASSIGNED: _____