

Please fill out this form in its entirety and print clearly.  
Yearly Dues: \$30 for individual membership and \$55 for family membership (living in the same household)

Name of Applicant (1): \_\_\_\_\_

Name of Family Applicant (2): \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. (1): \_\_\_\_\_ Phone No.(2): \_\_\_\_\_

Email (1): \_\_\_\_\_ Email (2): \_\_\_\_\_

Club Affiliation Name & No.: \_\_\_\_\_

**WAIVER OF LIABILITY**

I understand that participation in events is at my own risk. I will not hold Federation American Bulldog, Inc. or any individuals representing Federation American Bulldog, Inc. responsible for damage that may occur to my person, property, or dog as a result of the participation in trials or other activities held by the organization.

I understand that the training of my dog for all Federation American Bulldog, Inc. events is my responsibility and I will conduct my training responsibly and humanely and with the best interest of my dog in mind.

I understand that it is my responsibility to carry ample insurance to cover potential damages my dog may cause or incur at Federation American Bulldog, Inc. events.

I understand that it is my responsibility to read the Bylaws of the organization and to abide by them.

I understand that I alone am responsible for my actions and the actions of my dogs and I agree to keep my dogs under control at all Federation American Bulldog, Inc. events.

**I have read and agree to the above Waiver of Liability:**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send this signed and completed membership application 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: \_\_\_\_\_ MEMBERSHIP NO. ASSIGNED: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ FAMILY MEMBERSHIP NO. ASSIGNED: \_\_\_\_\_