



# Membership Application

|  |   |
|--|---|
| <p><b>Membership fees:</b><br/>         Single: \$25.00<br/>         Family or partnership: \$35.00<br/>         Associate member: \$35.00<br/>         Juniors in conjunction with adult: \$3.00<br/>         Juniors alone (under 18): \$10.00</p> | <p>MAIL COMPLETED FORM TO:<br/>         Secretary, BCOA<br/>         34025 West River Rd<br/>         Wilmington, IL 60481-9599</p> |
|--|---|

DATE \_\_\_\_\_

I/We \_\_\_\_\_ (print names) wish to join the BASENJI CLUB OF AMERICA, INC. I/We submit herewith dues in the amount of \$25.00 for a single membership; \$35.00 for a household (family) membership; \$35.00 for an associate membership, \$3.00 for a junior membership in conjunction with an adult member of the family or \$10.00 for a junior membership not in conjunction with another adult member of the family.

Print names and ages of junior members in conjunction with an adult member

\_\_\_\_\_

Household membership is defined as two persons residing at the same address, each holding individual voting privileges. Persons under 18 may become junior members without voting privileges.

I hereby agree to abide by the Constitution and By-Laws of the BASENJI CLUB OF AMERICA, INC. and have read its Code of Recommended Practices. I hereby attest that I am currently in good standing with the AMERICAN KENNEL CLUB, INC. and will abide by its Constitutions, By-Laws, and all Rules and Regulations.

\_\_\_\_\_  
 Signature of First Applicant

\_\_\_\_\_  
 Signature of Second Applicant

**Address as it should appear on the BCOA Roster and mailing lists:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Occupation/Profession \_\_\_\_\_ Kennel Name, if any \_\_\_\_\_

Other Club Affiliations (all-breed, training, other breeds) \_\_\_\_\_

Offices or positions held \_\_\_\_\_

Specific interests \_\_\_\_\_

Do you have or plan to have Puppies for sale? Y/N Adults? Y/N Stud service? Y/N

\_\_\_\_\_  
 Name of First Sponsor (please print)

\_\_\_\_\_  
 Name of Second Sponsor (please print)

\_\_\_\_\_  
 Signature of First Sponsor (BCOA Member)

\_\_\_\_\_  
 Signature of Second Sponsor (BCOA Member)

Two BCOA members as sponsors are required. It is the responsibility of the sponsors to ascertain that the above application is complete in all respects. No application will be processed if it is incomplete.

For Office Use Only: Received \_\_\_\_\_ Published \_\_\_\_\_ Balloted \_\_\_\_\_ Disposition \_\_\_\_\_ Notification \_\_\_\_\_