



# BERNESE MOUNTAIN DOG CLUB OF THE FINGER LAKES MEMBERSHIP APPLICATION

**(Please use one application form per applicant. Please print or type. Use reverse side for additional information.)**

If you are applying for a **regular/household** membership, you need to be sponsored by two current BMD CFL members in good standing who are not related to you. See "SPONSORS" paragraph below. If you are applying for an **associate/junior** membership, you do not need sponsors and have all the rights of membership except voting rights.

APPLICANT NAME \_\_\_\_\_

APPLICANT MAILING ADDRESS \_\_\_\_\_  
STREET / PO BOX CITY STATE ZIP

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

OCCUPATION / EMPLOYER \_\_\_\_\_

ANIMAL MEMBERSHIP OF HOUSEHOLD \_\_\_\_\_

ARE YOU CURRENTLY INVOLVED IN BREEDING DOGS? \_\_\_\_\_

IF YES, WHEN WAS YOUR LAST LITTER \_\_\_\_\_

CURRENT DOG ACTIVITIES \_\_\_\_\_

(e.g. AKC events CONF, OB, RLY, AG, FT, HT, LC, ED, TK, HE, SW; Therapy/CGC, training, etc.)

NAMES OF OTHER DOG/KENNEL CLUBS YOU ARE INVOLVED WITH \_\_\_\_\_

WHAT ACTIVITIES WOULD YOU LIKE TO SEE BMD CFL HOLD? \_\_\_\_\_

WHAT SKILLS OR PARTICULAR INTERESTS DO YOU HAVE THAT YOU FEEL WOULD CONTRIBUTE TO THE CLUB'S ACTIVITIES \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPONSOR NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

SPONSOR NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**SPONSORS:** These recommendations must be made by two unrelated, current BMD CFL members in good standing. They shall attest that, to the best of their knowledge, you will abide by the Code of Ethics, Constitution, and By-Laws of this club.

**FEE:** \$10/ single or \$15 household shall accompany this application. This covers dues from January 1 of the current year, through December 31 of the same year. Checks should be made payable to BMD CFL. Upon approval of this request for membership the applicant, that he/she is in good standing with the American Kennel Club, agrees to abide by the Code of Ethics, Constitution and By-Laws of this club.

**CODE OF ETHICS:** Sign one copy of the BMD CFL Code of Ethics and return with your application form to:  
Lori Krebs, BMD CFL Membership Chairperson  
405 Weaver Road, Sandy Creek, NY 13145  
PH: 315-387-5562 / Email: lori.krebs99@gmail.com

**FOR USE BY BMD CFL**  
This application has been presented and approved/disapproved according to the constitution and By-Laws of BMD CFL.  
President: \_\_\_\_\_ Date \_\_\_\_\_