

**APPLICATION FOR MEMBERSHIP
BOLOGNESE BREED ASSOCIATION OF AMERICA**

I/We apply for membership in Bolognese Breed Association of America and agree to abide by the Constitution, and By Laws, of the Bolognese Breed Association of America.

Name _____

Address _____

City	State	Zip	Country
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E-mail _____ Phone Number: _____

Occupation: _____

Check the type of membership applying for

REGULAR/FAMILY (Ownership of a Bolognese is required.)

- _____ \$20.00 for 1 year
- _____ \$54.00 for 3 years
- _____ \$85.00 for 5 years

- _____ **Associate** \$15.00 for 1 year This memberships have no voting privileges
This membership is for people under the age of 16. There
- _____ **Junior** \$15.00 for 1 year are no voting privileges with the membership.

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- _____ I will be showing my Bolognese
 - _____ I will be breeding myBolognese
 - _____ My Bolognese will be a companion only.
 - _____ I do not own a Bolognese, but I am considering it.

Signature of Applicant _____ Date _____

Current club member referral _____ Date _____

Make check payable to Bolognese Breed Association
Send check and application to
Secretary BBA
6900 Boise Road
New Plymouth, ID 83655