



<b>For Club Use only</b>	
Date Received	_____
1st Reading	_____
Date Voted	_____

**THE BULL TERRIER CLUB OF METRO DETROIT**  
 APPLICATION FOR MEMBERSHIP  
 revised 2/17/07

Name(s)	
Address	City
State	Zip
	Phone: Evening
e-mail Address	Phone: Daytime

Type of Membership (Check One)  
 Single \$20       Couple/Family \$30       Junior (<18) No Fee

Other Dog Club Memberships:  
 \_\_\_\_\_  
 \_\_\_\_\_

How long have you been interested in Bull Terriers?  
 \_\_\_\_\_

Do you own a Bull Terrier? Yes  No

BULL TERRIERS CURRENTLY OWNED			
Variety	Sex	AKC #	AKC Registered Name

Please continue on reverse if necessary

Do you exhibit Bull Terriers?      Yes  No   
 Do you breed Bull Terriers?      Yes  No

I do not advocate or participate in any form of inhumane treatment of animals which includes dog fighting, pitting, rolling or other activities of such nature.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Sponsor \_\_\_\_\_  
 Signature of Sponsor \_\_\_\_\_

Please make checks payable to **THE BULL TERRIER CLUB OF METRO DETROIT**

Please send completed application and fees to the Club Secretary:  
 Cleo Parker      29860 Munger St      Livonia, MI 48154      734-425-0857