

Atlantic States Briard Club Membership Application

Individual Membership (\$25), Joint Membership (\$35) Renewal New Membership Members voted in after November 1 will be considered paid up through December of the following year.

| Name(s) | Phone | | | | |
|----------------------------------------------------------------------------|-----------|------------|--------------|-------------|------------------------|
| Address | | | | cupation | |
| CityS | state | Zip | | Email | |
| Hobbies/Talents | | | | | |
| How long have you been active in B | riards? | | | | |
| How many litters have you bred in the | ne past : | five years | 5? | | |
| Circle areas of interest regarding you | ır dog(s | 5): | | | |
| Conformation Obedience Herdi | ng T | racking | Therapy | Other | |
| Please list any other breeds you are a | active ir | 1 | | | _ |
| What specific interests do you have ASBC? | with res | spect to p | articipatior | in the vari | ious activities of the |
| I/We agree to abide by the Constitut rules of the American Kennel Club. | ion and | By-laws | of the Atla | ntic States | Briard Club and the |
| Signature | | Date_ | | | |
| SignatureDate | | | | | |
| I/We own the following Briard(s): | | | | | |
| Registered Name | | | Registratio | on Number | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Other Club Affiliations | | | | | |
| Name of Club | ŀ | How Lon | g Posi | tion | |
| | | | | | |
| | | | | | |

Please return form along with payment to: Kathy Chiarella, Box 145, Port Murray, NJ 07865 or email form with changes to asbcbriards@gmail.com