



BLOODHOUNDS WEST, SOUTHERN CHAPTER

APPLICATION FOR MEMBERSHIP OR RENEWAL OF MEMBERSHIP

- Membership Renewal - \$25.00 per year - *To renew by check, complete the top portion of this form and mail to the Membership Chairperson as indicated on page two. You may renew via Paypal at BW4Paypal@aol.com and entering your membership information in the comment section.*
- New Application - \$35.00 ____ Individual ____ Family (List names of all family members)
Application fee covers 1st year membership for individual or a family.

NEW APPLICANT AND RENEWING MEMBER INFORMATION

Name _____

If Family Membership list names here: _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Email _____

NEW APPLICANTS ONLY – PROVIDE SPONSOR & OTHER INFORMATION

Known & Sponsored by (please print) _____

Signature of sponsoring member _____ Date _____

Interests: Showing ____ Obedience/Rally ____ Trailing/Tracking ____ Pet ____ Other ____

Animals in household: # ____ Bloodhounds # ____ Other breeds (List) _____

Other animals _____

I/We are interested in joining Bloodhounds West because: _____

NEW APPLICANTS - PLEASE COMPLETE REVERSE

For Club Use Only

Date of First Reading/Publish _____ *Date Membership Accepted* _____

All new applicants must read, sign and adhere to the *American Bloodhound Club Code of Ethics* shown below.

As a member of Bloodhounds West, Southern Chapter:

- **I agree not to engage in the practice of providing any Bloodhound to any individual, commercial wholesaler, or retailer for the purpose of resale.**
- **I agree that if any Bloodhound on whose papers I am shown as either breeder or co-breeder becomes a part of any breed rescue program, that upon written notification either I will assume financial responsibility for those Bloodhound expenses to which I agree and assist the Rescue Chairperson in finding suitable placement, or I will resume custody of the Bloodhound.**
- **I agree that I will provide each buyer of our Bloodhounds with accurate records regarding pedigree and certificate of health which includes the name, address and telephone number of the attending veterinarian.**
- **I agree not to promote indiscriminate breeding practices by using the advertising of availability of "breeding pairs", "stud dogs" or "bitches in whelp for sale" in my effort to sell my Bloodhounds.**
- **I agree not to release any puppy to its new owner prior to seven weeks of age or what the local ordinance states.**
- **I agree to act in a sportsmanlike manner and not deliberately degrade other exhibitors/breeders or their dogs.**

Signed: _____ Date: _____

New member applications will be acted upon at the next meeting of Bloodhounds West.

**Return this application/renewal form and your check payable to
Bloodhounds West, Southern Chapter to:**

Sherrri McGuire, Membership Chairperson

17680 Linden St.

Hesperia, CA 92345