

BICHON FRISE CLUB
of northern new jersey, inc.

(Licensed by the American Kennel Club)

APPLICATION FOR MEMBERSHIP

NAME _____ DATE _____

ADDRESS _____

HOME PHONE NUMBER _____ CELL NUMBER _____

EMAIL ADDRESS _____

OCCUPATION _____

HOW MANY BICHONS DO YOU OWN? _____ MALE(S) _____ FEMALE(S)

NAME(S) AND AGE(S) _____

HAVE YOU FINISHED OR OWNED AN AMERICAN KENNEL CLUB CHAMPION?
YES NO IF YES, PLEASE EXPLAIN _____

WHERE/WHOM DID YOU GET YOUR BICHON FRISE FROM? _____

HOW MANY DOGS OF OTHER BREEDS DO YOU OWN? _____

HAVE YOU PARTICIPATED IN ANY OF THE FOLLOWING:
CANINE GOOD CITIZEN, THERAPY DOG TRAINING, OBEDIENCE OR AGILITY?

PLEASE PROVIDE A BRIEF SUMMARY OF YOUR BACKGROUND AND
EXPERIENCE WITH PURE-BRED DOGS _____

WHAT DO YOU LOVE MOST ABOUT YOUR BICHON(S)? _____

WHAT DO YOU FIND MOST CHALLENGING ABOUT OWNING A BICHON? _____

~Over~

IS THERE ANTHING YOU WOULD LIKE TO LEARN ABOUT BICHONS THAT WOULD HELP YOU CARE FOR YOUR DOG(S)?_____

WHAT WOULD YOU LIKE TO GAIN FROM JOINING THE CLUB?_____

WHEN ARE YOU AVAILABLE TO ATTEND CLUB MEETINGS? WEEKDAY EVENINGS (which day), AND/OR NOONTIME ON WEEKENDS (Saturday or Sunday)?_____

The information provided in this application is true and correct to the best of my knowledge.

This application is accepted subject to the approval of the membership, in good standing, of the Bichon Frisé Club of Northern New Jersey, Inc. If this application is approved, I agree to abide by the Constitution and By-Laws of the BFCNNJ.

Print Applicant

Name:_____Date:_____

Applicant

Signature:_____

Annual Membership Dues:

Single: \$25

Family: \$35

Junior: \$5

Honorary: \$10

PLEASE MAIL YOUR COMPLETED APPLICATION AND DUES PAYMENT TO:

Leslie Picinich, Secretary
394 Lake Shore Dr.
Parsippany, NJ 07054
Email: lesliej394@aol.com