

B.O.N.E.

MEMBERSHIP APPLICATION

| Bouvier Owners of Ne | W England | | | Date: |
|----------------------|--------------------------------|--------------------|---------------------|---|
| NAME(S) | (Please print clearly): | | | |
| Street Ad | dress: | | | |
| City, State | e, Zip Code: | | | |
| Telephone | e (Home): | | (Cell): | |
| Email Ad | dress: | | | |
| Check all th | hat apply: Exhibitor | □ Breeder | □ Pet Owner | ☐ Breed Fancier |
| Do you cur | rently own a Bouvier? | Yes \square No | Do you currently o | own other dogs? \square Yes \square No |
| What other | breeds have you owned? | | | |
| future plan | s, or other club affiliations, | which you consi | der relevant to you | uding your activities with dogs, ar application for membership. |
| | | | | |
| How did yo | ou hear about B.O.N.E. and | who referred yo | u? | |
| Please comp | lete the other side. | | | |
| <u>** NOTE:</u> | Appropriate fee must acco | ompany this appl | ication: | |
| | Membership Fee Schedule | e: \$25/Individual | , \$30/Family | |

Send to: Kathie Nurena, Secretary, 33 Hidden Brook Dr., Stamford, CT 06907

Activities and Topics List

To give us an idea of your interests, please complete the following information:

| | Very Interested | Somewhat Interested | Not Interested |
|--------------------------|-----------------|---------------------|----------------|
| Agility | | | |
| Breed Handling Workshops | | | |
| Breeding Programs | | | |
| Canine Good Citizenship | | | |
| Carting | | | |
| Emergency First Aid | | | |
| Grooming | | | |
| Health Problems | | | |
| Herding | | | |
| Lure Coursing | | | |
| Nutrition | | | |
| Obedience | | | |
| Protection/Schutzhund | | | |
| Puppy Socialization | | | |
| Rescue/Rescue Dogs | | | |
| Service/Therapy Dogs | | | |
| Temperament Testing | | | |
| Tracking | | | |
| Other (Specify) | | | |