

The American Bullmastiff Association
MEMBERSHIP RENEWAL AGREEMENT

Mail completed Membership Renewal to ABA Treasurer:

Sara Patchen
1020 Schwamberger
Swanton, Ohio 43558
E-mail: catherwoodii@gmail.com

If you have Questions, contact the ABA Membership
Chair:

Donna Pendleton
740-942-2624
Tallyp2001@yahoo.com

Name: _____
(please print)
Signature: _____

Name: _____
(please print)
Signature: _____

DEADLINE FOR DUES IS OCTOBER 31, 2011
(FOR FISCAL YEAR NOVEMBER 1, 2011 TO OCTOBER 31, 2012)

_____ SINGLE MEMBERSHIP \$35.00 = \$ _____

_____ JOINT MEMBERSHIP \$45.00 = \$ _____

_____ SENIOR MEMBERSHIP \$20.00 = \$ _____ (age 65 or older, single/joint)

_____ JUNIOR MEMBERSHIP \$20.00 = \$ _____

_____ LIFETIME MEMBERSHIP \$ _____ (Lifetime Members wishing to continue supporting the club may still elect to pay dues or donate to the Club. Please indicate amount)

Please note that according to the recent revisions to our ABA Constitution and By Laws, members with 30 years or more of membership in the ABA may renew as Lifetime Members. As stated in the By Laws, this membership option is "Open to those persons who have 30 years of cumulative membership in the ABA . Lifetime members may elect to forego payment of annual dues, but are entitled to full membership privileges and, as such, may vote and hold office" (ABA By Laws Article 1, Section 1 (e)). Those renewing as Lifetime Members will still need to renew annually, in order to track address, phone, and email information and to note interest in remaining in the club, but may choose not to pay dues."

No additional postage within the 50 United States.

\$10.00 additional postage for Canada

\$25.00 additional postage for all other countries = \$ _____

TOTAL DUE = \$ _____ (Dues are to be Paid in US Funds Only)

RESCUE DONATION (SEPARATE CHECK PLEASE) = \$ _____

HEALTH&RESEARCH DONATION (SEPARATE CHECK PLEASE)= \$ _____

The members of the American Bullmastiff Association are committed to improving the health of all Bullmastiffs. Therefore, the ABA strongly recommends testing hips, elbows, thyroid, eyes, and heart before any breeding takes place.

PLEASE CLEARLY TYPE OR PRINT YOUR NAME AND ADDRESS:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER (include area code): _____

EMAIL: _____ KENNEL NAME: _____

Renewals received after NOVEMBER 30, 2011 will be returned and a new application must be submitted.