

**The American Bullmastiff Association
MEMBERSHIP RENEWAL AGREEMENT**

Send completed Membership Renewal to ABA Treasurer:
Kelli Feeney
P.O. Box 948411
Maitland, FL 32794

If you have Questions, contact
ABA Membership Chair:
Donna Pendleton

E-mail for PayPal and all Membership matters: abamemberrenew@gmail.com

Dues are to be paid in US Funds Only. Please make checks payable to: ABA or pay via PayPal or the PayPal button on the ABA website www.Bullmastiff.us See the ABA website under Join the ABA tab for PayPal instructions

**DEADLINE FOR DUES IS OCTOBER 31, 2017
(FOR FISCAL YEAR NOVEMBER 1, 2017 TO OCTOBER 31, 2018)**

_____ 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)

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 . However, in order to maintain these membership privileges, lifetime members MUST submit a membership renewal form every year.

No additional postage within the 50 United States.

\$10.00 additional postage for Canada

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

TOTAL DUE = \$ _____

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: _____

***The ABA does not share our membership list or allow it to be used by anyone, except for the express purpose of communicating ABA events and ABA information with the membership.**

***By providing your email address, you are agreeing to receive ABA Newsletters, Annual and Semi-Annual Meeting notices and other club related communications by email. You will be able to unsubscribe from email notices at any time.**

***The ABA Newsletter is delivered 6 times a year via email. If you are not able to receive an emailed newsletter or other ABA communications, please contact the ABA Corresponding Secretary to make other arrangements.**

To maintain privileges and benefits of membership including voting, holding office and the ABA publications and notices, you must submit a renewal form – via email or mail - so your contact information can be updated every year. Please advise the Membership Chair of any changes throughout the year.

***Dues shall be payable on or before the first day of the fiscal year which is November 1, 2017*
After January 1, 2018, the membership will be considered lapsed and automatically terminated and a new membership application must be submitted to join the ABA.**