



National Capital Bearded Collie Club Membership Application

Name: _____ Date of Application: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Website URL: _____

Where / when / how did you first learn about the Bearded Collie? _____

Do you currently own a Bearded Collie? Yes / No List names and ages of your Beardies below.

Call Name	Registered Name	Breeder	DOB	Rescue?
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N

Do you own any other dogs? If so, what breed(s)? _____

How did you learn about the NCBCCC? _____

Do you belong to other dog club? If so, please list: _____

What do you hope to gain by becoming a member of the NCBCCC? _____

In the table below, check all the boxes that indicate your level of interest in activities with your Beardie.

	Show	Agility	Rally / Obedience	Herding	Tracking	Therapy	Other
Competing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'd like to try this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I (we) wish to apply for membership in the NCBCCC. I (we) agree to abide by its constitution, by-laws, code of ethics, and the rules of the American Kennel Club.

Applicant Signature: _____ Co-applicant Signature: _____

Please do not send dues at this time.