



The Bermuda Kennel Club
 Website: <http://bermudakennelclub.com/index.html>

MEMBERSHIP RENEWAL

NAME: _____
 Mr./Mrs./Miss/Dr. Christian name(s) Surname

ADDRESS: _____
 Please give full mailing address including post office box (if applicable) and postal code

TELEPHONE: h) _____ cell) _____ w) _____

EMAIL: _____

I/we wish to apply for the following class of membership:

- ACTIVE** - anyone residing in Bermuda, at least 17 years of age
- JUNIOR** - anyone residing in Bermuda under the age of 17 (please indicate DoB DD/MM/YYYY) _____
- NON-RESIDENT** - anyone not residing in Bermuda

MEMBERSHIP FEES: *Please circle amount due.*

	<u>Resident Members</u>	<u>Non-Resident Members</u>
SINGLE:	Annual Dues: \$30.00	\$20.00
HUSBAND & WIFE:	Annual Dues: \$40.00	\$35.00
FAMILY: (husband/wife & children under 16)	Annual Dues \$50.00	\$40.00
JUNIOR: (under 16)	Annual Dues: \$ -	\$ -

I/we wish to renew my/our Membership and agree to abide by the Constitution & Bye-Laws of the Club.

DATE: _____ **SIGNATURE(S):** _____
 DD/MM/YEAR

PLEASE NOTE:

No person shall be eligible for or can continue to enjoy membership who is engaged in the breeding, buying or selling of dogs which are not eligible for registration in the records of The Bermuda Kennel Club.

If elected, you will assume the responsibility of notifying the Club of any change of address, email address or telephone numbers.

Initiation fee & annual dues (which will cover your membership up to the end of the current calendar year) are payable in advance with this form.

Online payments to Clarien Bank name: Bermuda Kennel Club Account number: 4010001778

Email the **BKC Registration Officer** at registrationofficer@bermudakennelclub.com. Include proof of payment with a scan or snapshot the official bank transfer confirmation **AND copy the BKC Treasurer** at: amasan@northrock.bm

The Club's Constitution & Bye-Laws can be seen at: http://bermudakennelclub.com/contact_us.html

Privacy Statement: www.bermudakennelclub.com/privacy. Information may be used for Club administration and published in connection with events.

 This space for BKC use only:

FEES DUE: _____ AMOUNT RECEIVED: _____ DATE RECEIVED: _____

APPROVED BY BOARD OF GOVERNORS: _____ MEMBERSHIP NUMBER: _____