



# Central Indiana Bull Terrier Club

## Membership Application

I (we) wish to apply for membership to the Central Indiana Bull Terrier Club

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I (We) agree to abide by the constitution and [by-laws](#) of the Central Indiana Bull Terrier Club and the [rules](#) of the American Kennel Club. I (We) do not advocate or participate in any form of inhumane treatment of any animal—this includes fighting, pitting, rolling, or other activities of this nature.

**FEES:** Full payment of dues and one-time application fee must accompany this application. The dues amount listed below covers membership for a full year.

ONE-TIME APPLICATION FEE: \_\_\_\_\_ \$20  
YEARLY DUES: *(check one please)* \_\_\_\_\_ \$20 Single \_\_\_\_\_ \$30 Family

**Make checks payable to:**  
Central Indiana Bull Terrier Club

**Mail to your club treasurer:**  
Central Indiana Bull Terrier Club  
Attn: Dave Murray  
P.O. Box 1  
Beech Grove, In. 46107

Please describe the experience you have with bull terriers on the back side of this application. List whether or not you breed, show, or have bull terriers as pets.

How did you hear about us? \_\_\_\_\_

If you heard about the club from a current member, please indicate his/ her name below.

Current Member(s): \_\_\_\_\_

Once your application is received, your membership will be voted on at the next meeting. You will be notified if you have been voted into the club.

Questions? Email Dave at [membership@centralINbullterriers.org](mailto:membership@centralINbullterriers.org)