

# USABC Membership Application

Name of Applicant: \_\_\_\_\_

Name of Family Applicant: \_\_\_\_\_

Years in Breed: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Application: \_\_\_\_\_

USABC Club Affiliation (if any): \_\_\_\_\_

## **WAIVER OF LIABILITY**

I understand that participation in USABC events is at my own risk. I will not hold the USABC, it's members or it's Training Directors, Board of Directors, Helpers or Judges responsible for damage that may occur to my person, property or dog as a result of the participation in the trials or other activities of the USABC. I understand that the training of my dog for all USABC events is my responsibility and I will conduct my training responsibly and humanely and with the best interest of my dog in mind. I understand that it is my responsibility to carry ample insurance to cover potential damages my dog may cause or incur at USABC events. I understand that it is my responsibility to read the Constitution and Bylaws of the USABC and to abide by them. I understand that I alone am responsible for the actions of my dogs and I agree to keep my dogs under control and properly restrained at all USABC events.

I have read and agree to the above Waiver of Liability:

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Please include a copy of  
this USABC Member Club application, and  
one year membership dues of \$45 for individual membership and  
\$65 for family membership (two people living in the same household)  
payable to USABC and send to:

Junellen Tiska, PO Box 56, Bridgehampton, NY 11932  
USAmericanBulldogClub@aol.com

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FOR INTERNAL OFFICE USE ONLY

DATE of APPLICATION:

DATE RECEIVED:

MEMBERSHIP NUMBER ASSIGNED:

EXPIRATION DATE: