



Potomac Valley  
Bernese Mountain Dog Club

**APPLICATION FOR MEMBERSHIP - \$5 Per Applicant**

Dear Applicant(s),

Thank you for visiting our website and applying for membership. Please fill in this application form and submit it together with a check for the application fee, made payable to PVBMD (Potomac Valley Bernese Mountain Dog Club).

Each applicant must be sponsored by two current, *unrelated* Regular Members of PVBMD, and must attend two club meetings (or one meeting and one club event *excluding the club's Regional Specialty*) within one year of the date of this application. One of these functions must be after the application is submitted and read at a club meeting. Once accepted, new members must pay the amount listed beside the category of membership

\* Members of other BMDCA Regional Clubs who wish to join should contact the Membership Chair for additional information.

\_\_\_ **Primary Regular Member: \$5**      \_\_\_ **Primary Associate Member: \$5**  
\_\_\_ **Additional Regular Member: \$5**      \_\_\_ **Additional Associate Member: \$5**      \$ \_\_\_ **Enclosed total amount**

Regular Member: voting member who attends most general meetings, receives newsletter.

Associate Member: non-voting member who enjoys and supports club activities, receives newsletter.

Junior Member: Under 18 years old (upon turning 18, Juniors may transfer to regular or associate membership by completing this form and paying the difference in annual dues.

**Applicant's Name:** \_\_\_\_\_ *(Please fill out an application for each Household Member)*

**Mailing Address:** \_\_\_\_\_

**City :** \_\_\_\_\_ **State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation (Current or pre-retirement):** \_\_\_\_\_

**Have you ever registered a litter with any registry?** \_\_\_ **If yes, breed:** \_\_\_\_\_ **# of litters in past 3 years:** \_\_\_

**At AKC licensed dog shows have you ever been a handler?** Yes \_\_\_ No \_\_\_ **Judge?** Yes \_\_\_ No \_\_\_

**Do you compete with your dogs?** Yes \_\_\_ No \_\_\_ **If yes, please check which of the following:**

Conformation \_\_\_ Obedience \_\_\_ Rally \_\_\_ Tracking \_\_\_ Agility \_\_\_ Drafting \_\_\_ Herding \_\_\_

**What skills can you bring to the club?** \_\_\_\_\_

**Mark Your Areas of Interest:**

Outings & Programs \_\_\_ Breeding \_\_\_ Conformation \_\_\_ Obedience \_\_\_ Agility \_\_\_ Drafting \_\_\_

Rally \_\_\_ Health, Care & Feeding \_\_\_ Help/Host Club Activities: \_\_\_

**Volunteering: in what areas would you like to help your club?**

Matches (conformation/obedience) \_\_\_ Drafting \_\_\_ Outings & Programs \_\_\_ Trophies \_\_\_ Newsletter \_\_\_

Our Specialty \_\_\_ Photography \_\_\_ Stewarding \_\_\_ Help on a committee \_\_\_

Other: \_\_\_\_\_ Are you a current \_\_\_ former \_\_\_ member of the BMDCA?

**\*\*\*\*On the reverse side please tell us a little about yourself, family and your Berners so that we can introduce you in our newsletter\*\*\*\***

*With the view of the betterment of the breed of dog known as the Bernese Mountain Dog, I agree to abide by the rules and regulations, constitution and by-laws of the Potomac Valley Bernese Mountain Dog Club Inc. and rules of the AKC.*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Sponsors:** applicant ***MUST*** be sponsored by two unrelated PVBMD C members who are in good standing and are not related to you. Contact Membership Chair for help: Katie Palmer [jjakpalmer@comcast.net](mailto:jjakpalmer@comcast.net)

Sponsor's Name (please print):	Sponsor's Signature:
_____	_____
_____	_____

**Bernese Mountain Dogs owned currently:**

Registered/Call Name: \_\_\_\_\_ Sex: \_\_\_\_\_ AKC Number: \_\_\_\_\_ Breeder: \_\_\_\_\_

Registered/Call Name: \_\_\_\_\_ Sex: \_\_\_\_\_ AKC Number: \_\_\_\_\_ Breeder: \_\_\_\_\_

**\*\*\*More dogs? Please enter their information on the back of the application\*\*\*\***

**\*\*\*PVBMD C By-Laws allows the club to send out e-mail notification of club meetings as well as special notices. If you agree to receive these club notifications via email, please sign below:**

Signature: \_\_\_\_\_

**Please mail this application with your check for \$5 Per Applicant made out to PVBMD C, Inc. to**

**Katie Palmer  
PVBMD C Membership Chair  
3030 Green Valley Road  
Ijamsville, MD 21754**

*For Club Use Only:*

Date Application received: \_\_\_\_\_ Date Check Received \_\_\_\_\_ Check # \_\_\_\_\_ Amt: \_\_\_\_\_

Date added to newsletter list: \_\_\_\_\_ Date of Meeting Applicant's Name Read: \_\_\_\_\_

Membership Type: Regular \_\_\_\_\_ Associate \_\_\_\_\_ Meeting attended: \_\_\_\_\_ Event attended: \_\_\_\_\_

Application voted on: \_\_\_\_\_ Date Welcome Packet Given: \_\_\_\_\_