

Buddies thru Bullies Membership Application

Month: _____ Year: _____

New Member Renewal

Your name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: (_____) _____ Work phone: (_____) _____

Cell #: _____ Fax (work or home): (_____) _____

E-mail address: _____ Occupation: _____

Names & relations of others living in household: _____

Name(s) of bulldog(s) and month & year of birth(s): _____

Who may we thank for referring you? BTB Website

Would you be interested in helping out in a committee? Yes No Not Sure

Are you available for boarding? Yes No Not Sure

MEMBERSHIP DUES

Membership dues are paid annually from month stated above. Dues are per household not per person. All proceeds go to Rescue. Please mark a check in the appropriate box or write in amount on the blank line if desired amount exceeds \$1000.

\$30 \$50 \$100 \$150 \$250 \$300 \$500 \$1000 Other: _____

I would like to request a receipt for tax purposes: yes no

Please fill out the form completely and make checks payable to:

Buddies Thru Bullies, Inc.
P.O. Box 15938
Plantation, FL 33318

Or you may use your credit card to pay online through Paypal:
<http://buddiesthrubullies.tripod.com/join.html>