

BORZOI CLUB OF CALIFORNIA

Kennel Name: _____

Membership Renewal & Information Update Form

Please complete form and return with payment due (checks payable to BCOC) to:

Lorrie Scott BCOC Treasurer 1728 Hanson Lane Ramona, CA 92065-3311

Dues Enclosed for Membership		
(Please check desired membership	o category)	
-	ousehold ~~~ / /\$30.00 Active Memb	ership, Individua
/ / \$17.50 Assoc. Membership, Hou	usehold ~~~// \$15.00 Assoc.Memb	ership, Individual
/ / \$ 10.00 Junior Membership		•
PLEASE PRINT ALL INFORMAT	<u>'ION:</u>	
Name – Member		
Name – Member 2		
Name – Member 3		
	nd Member 3 for Household Members	ships)
Address:		
City:	State: Zip)
Primary Telephone:	Secondary Telephone:	
Work Telephone (Optional):	Fax (Optional):	
Email address:	Website:	

Annual BCOC Membership dues are due and payable on or before January 1st, with 30day grace period.

BCOC TREASURER: Check # _____ Amount Paid _____ Date Paid_____