



BRACCO ITALIANO CLUB OF AMERICA

ASSOCIATE TO ACTIVE INDIVIDUAL OR ACTIVE HOUSEHOLD VOTING MEMBERSHIP APPLICATION

FOR BICA USE ONLY:

Date Received: _____

Date Approved: _____

Applicant(s) must complete a 1-year Associate Membership in good standing to apply.

Member Name	Mobile Phone	Email	
Occupation			
Mailing Address		Home Phone	
City	State	Zip Code	Date of Application
Kennel Name			

Complete below if applying with 2nd household member

2 nd Household Member Name	Mobile Phone	Email
Occupation	Office	Fax

How long have you been involved with Bracchi Italiano?

Number of Bracchi currently owned or co-owned:

Number of Bracchi currently residing in your home:

Have you ever applied for Voting Membership in the BICA before and been denied?

Member Yes No If yes, why were you denied? _____

2nd Household Member Yes No If yes, why were you denied? _____

Have you ever applied for Voting Membership in the BICA under a different name?

Member Yes No If yes, what name? _____

2nd Household Member Yes No If yes, what name? _____

Have you ever been suspended by the AKC or any other breed club/organization?

Member Yes No If yes, please explain? _____

2nd Household Member Yes No If yes, please explain? _____

Please indicate your reasons for requesting Voting Membership in the Bracco Italiano Club of America:

What do you expect Voting Membership in the Bracco Italiano Club of America to offer you above and beyond Associate Membership?

As a Voting Member of the BICA, I would be interested in volunteering in the following areas:

Member _____

2nd Household Member _____

ACTIVITY RECORD

Do you exhibit in any of the following?

Breed? Yes No | Water Trials? Yes No | Agility? Yes No | Obedience? Yes No | Other? _____

Please list titles earned by your dogs: _____/Conformation _____/Obedience/Rally _____/Agility _____/Hunting _____
 Other? _____ (If more than one title is earned in any given category, just list "multiple".)

BRACCO ITALIANO DOG(S) OWNED/CO-OWNED

If possible, please attach a copy of the Pedigree and/or AKC Registration Certificate for each Bracco Italiano you own.

Registered Name <small>(If more than 4 use back of form)</small>	Registration#	Call Name	Sex <small>(M/F)</small>	Date of Birth <small>(M/D/Y)</small>	Breeder(s) Names

BREEDING RECORD

Do you breed Bracco Italiano Dogs? Yes No

If you have not yet bred a litter, do you have any interest in breeding? Yes No If Yes, why?

SPONSORS

Two BICA Voting Members in good standing (not Associate Members) must endorse all applicants. The sponsors must not be in the same household nor a relative of the applicant. At least one of whom has not had a business relationship with the applicant including but not limited to owning, co-owning, buying, selling, or services thereof, of either a bitch, stud, or dog. Please obtain the sponsors signatures and comments prior to sending in your application.

Sponsors: Be certain to verify applicant's involvement in regional club and/or dog-related activities, events, and sources provided.

SPONSOR #1 COMMENTS

Sponsor Signature	Print Name
-------------------	------------

Email	Phone	Years you have known applicant?
-------	-------	---------------------------------

SPONSOR #2 COMMENTS

Sponsor Signature	Print Name
-------------------	------------

Email	Phone	Years you have known applicant?
-------	-------	---------------------------------

The undersigned hereby applies for Voting Membership in the Bracco Italiano Club of America and agree to abide by the Bylaws, as well as AKC rules and regulations. The purpose of the BICA is to preserve the purebred Bracco Italiano, thereby fulfilling the needs for which it was bred.

I understand that Voting Membership is not automatic and is subject to approval by the BICA Board of Directors.

Signature(s) of Applicant(s):

Date:

Date:

Mail completed applications with signatures and attachments to:

Kim Caudill
11525 N. STATE RD 9
FOUNTAIN TOWN, IN 46130
Phone: 317-739-7190
kimtravelconnection@yahoo.com

Revised: June 2019