

BRYN MAWR HOUND SHOW ASSOCIATION  
MEMBERSHIP APPLICATION / CHANGE

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

E-Mail : \_\_\_\_\_

Enclosed is a check for my / our membership in the Bryn Mawr Hound Show Association  
in the amount of \$\_\_\_\_\_.

Please mark appropriate category:

\_\_\_\_ \$20 for one-year individual membership

\_\_\_\_ \$40 for one-year couple membership

\_\_\_\_ \$300 for an individual life membership

I/We would like to make a contribution to the Association of \$\_\_\_\_\_.

If you wish to correct or update our current contact information, please do so below:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Individuals who may be interested in becoming members of the BMHS Association  
(please provide complete addresses):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Make checks payable to BRYN MAWR HOUND SHOW ASSOCIATION  
and mail to: BMHS Association, P.O. Box 514, Edgemont, PA 19028-0514.

*Thank you for your support!*