

ABMC REGISTER OF MERIT APPLICATION

REGISTERED NAME:

_____ AKC/ILP# _____

OFA/GDC# & RATING _____ TATTOO/CHIP # _____

BIRTHDATE _____ SEX _____ HEIGHT _____ WEIGHT _____

SIRE _____

DAM _____

OWNER(S) _____ PHONE# _____

ADDRESS _____

APPLYING FOR _____ CLASS

UPGRADE TO _____ CLASS OR UPDATE _____ CLASS

ENCLOSED 2, FULL BODY PROFILE, COLOR PHOTOS OF MALINOIS _____

ENCLOSED PHOTOCOPY OF AKC REGISTRATION _____ & OFA/GDC CERTIFICATE _____

ENCLOSED PHOTOCOPIES OF CERTIFICATES AND/OR SCORE BOOKS (IF NO CERT'S ISSUED) FOR THE FOLLOWING INDICATED TITLES FOR APPLICABLE CLASS:

AKC CH _____ CD _____ CDX _____ UD _____ TD _____ TDX _____ VST _____ HS _____

HI _____ HX _____ NA _____ OA _____ AX _____ NAJ _____ OAJ _____ AXJ _____

SchH 1 _____ SchH 2 _____ SchH 3 _____ FH _____ BH _____ WH _____

Ring 1 _____ Ring 2 _____ Ring 3 _____ Brevet _____ SAR _____ PD _____

OTHER NOTEWORTHY TITLES: _____

DATE SUBMITTED _____ PUBLISHED IN PERFORMER _____

DATE OF FIRST CLASS _____ ROM# CLI- _____

DATE OF SECOND CLASS _____ ROM# CLII- _____

DATE OF THIRD CLASS _____ ROM# CLIII- _____

Send this form and all substantiating material to: Tina Fields, ROM Custodian
6N 471 Neva Terrace, Itasca, IL 60143 630/773-3594 kyjerry@earthlink.net