



Central Florida Toy Fox Terrier Club Membership Application

Please read and answer all questions, both sides (please print clearly)
Please mail all completed applications to Terrie Crawford, 3997 Kelley Farris Rd, Columbia, TN 38401.
Make checks payable to Terrie Crawford.
Dues for membership are annually \$15.00 per single membership, \$25.00 per Family membership

NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ EMAIL _____

OCCUPATION _____ KENNEL NAME _____

Are you in good standing with the American Kennel Club (AKC)? _____

How many Toy Fox Terriers do you own at this time? _____ Are the AKC registered? _____

Circle which of the following describes you: BREEDER PET OWNER HANDLER JUDGE

What are your areas of interest? Pet _____ Breeding _____ Conformation _____

Obedience _____ Agility _____ Barn Hunt _____ Other (therapy dogs, etc) _____

List all club affiliations (All-Breed, Specialty, Obedience, Agility) and any positions you have held:

Do you authorize the Central Florida Toy Fox Terrier Club (CFTFTC) to send you communications including but not limited to notice of meetings, dues notices, minutes and newsletters, using the e-mail address listed in your membership application? Please circle one: **YES NO**

NOTE: This authorization is revocable by you at any time via a written request addressed to the CFTFTC secretary. If you change your e-mail address, please notify the CFTFTC Secretary immediately. Your authorization for e-mail communications will release the CFTFTC from any liability should the e-mail communications to you be received late or not received at all due to circumstances beyond the CFTFTC's control.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY:

1. Dues for membership in the Central Florida Toy Fox Terrier Club are due annually as of January 1st.
2. To be considered for membership, each application must contain the original signatures of two (2) CFTFTC members in good standing as sponsors, and complete information requested and the signature of each applicant. Applications may be rejected due to incompleteness or for other reasons.
3. The completed application and your check payable to Terrie Crawford should be mailed to the Secretary/Treasurer at 9085 County Road 128C, Wildwood, FL 34785. Your check will be deposited upon receipt; if the membership is not approved, you will be refunded the full amount of your check.
4. By signing below, you agree that if you are accepted into membership, as a condition of membership you will abide by the Constitution, By-Laws of the CFTFTC and the rules of the American Kennel Club. You agree that membership in the Club is a privilege, not a right, and violations of this code may result in disciplinary action against you, up to and including expulsion from the Club, consistent with Article VI of the Club's By-Laws.
5. By signing below, you agree that you understand that false or misleading information provided on this application, or information omitted from this application, may result in rejection of the application.

Sponsor #1 Print Name: _____

Signature: _____ Date: _____

Sponsor #1 Print Name: _____

Signature: _____ Date: _____

Applicant Print Name: _____

Signature: _____ Date: _____

(If Family Membership each family member must print their name and sign)

For Club Use only:

Date application & check received _____ Check # _____ Check amt _____

Board Vote: Yes _____ NO _____ Date Accepted: _____