



Newfoundland Club of Florida, Inc **Membership Application**

<u>Official use only</u>	
App. Received	_____
App. Posted	_____
App. Approved	_____
Info. Sent	_____
App. voted on and declined by membership _____	

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ E-mail _____

Name/s of Newfoundland Dogs residing in your household (indicate with a "(R)" behind their name if a Newffla rescue): _____

Kennel Name if Applicable _____

Annual dues Florida residents:

____ Individual Membership (1 voting member) \$20.00

____ Family Membership (2 voting members) \$25.00

TOTAL DUES ENCLOSED _____

Annual dues Out of State Members

____ Individual Membership (non voting) \$17.00

____ Family membership (non voting) \$20.00

DATE _____

Please make all checks payable to the Newfoundland Club of Florida.

Why do you want to become a NEWF-FLA Member? _____

Are you a current Member of the Newfoundland Club of America? _____ Yes _____ No

Area(s) of interest: Working: Show Obedience Water Work Draft/ Carting Other

Rescue: Foster Transport Rescue Home Checks Other

Other (please specify: _____)

I (we) agree to abide by the rules of The American Kennel Club, the By-laws and code of Ethics of the Newfoundland Club of America, Inc and the Newfoundland Club of Florida, Inc.

I hereby make application for membership in the Newfoundland Club of Florida, Inc. for the year of 2020 – 2021

Signature _____ date _____ Signature _____ date _____

All applicants for membership must be sponsored by 2 current NEWF-FLA members in good standing. (If you do not know current member, please plan to attend club meetings.) All applicants' names and or applications for membership will be posted in the Newfoundland Club of Florida's Newsletter when published. If within 30 days of publication there are no objections to the applicant's membership, membership can be granted.

All memberships include our quarterly Newsletter "The Paw Print" and the annual NEWF-FLA Directory.

Sponsor's signature _____ date _____ Print name _____

Sponsor's signature _____ date _____ Print name _____

Please remit to: Karen Ellis 3943 Calliandra Drive Sarasota, FL. 34232