



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 _____	

Please provide the following information. Opt Out of the information you don't wish to have displayed in our Membership Directory.

		Additional Information	Opt Out
Name			
Address			<input type="checkbox"/>
City, State Zip			<input type="checkbox"/>
Phone (s)			<input type="checkbox"/>
Email (s)			<input type="checkbox"/>

List the Name/s of Newfoundland Dogs residing in your household. Please add their date of birth (if known.)

Kennel Name, if Applicable _____

Why do you want to become a NEWFFLA 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

Newsletter: Download from website Receive as an email attachment Snail Mail

Annual dues Florida residents:

_____ Individual Membership (1 voting member) \$20.00
 _____ Family Membership (2 voting members) \$25.00

Annual dues Out of State Members

_____ Individual Membership (non-voting) \$17.00
 _____ Family membership (non-voting) \$20.00

Pay Via check (Payable to the Newfoundland Club of Florida) **[Paypal](#)**

All applicants for membership must be sponsored by 2 current NEWFFLA members in good standing. (If you do not know current member, please join us at any club events.) All applicants' names will be posted in the next Newfoundland Club of Florida's Newsletter. If within 30 days of publication there are no objections to the applicant's membership, membership can be granted.

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.

Signature _____ date _____ Signature _____ date _____

Sponsor's signature _____ date _____ Print name _____

Sponsor's signature _____ date _____ Print name _____

Please remit to: Jenny Schimka, 13939 Louisa Ct, Clermont, FL 34711
 or email to membership.chair@newffla.com