



## North Florida Chow Chow Club Membership Application

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Signature \_\_\_\_\_

*(by my signature I agree to accept the NFCCC Constitution and Bylaws and to follow Code of Ethics as set forth by the CCCI)*

How long have you been a chow owner? \_\_\_\_\_ Years \_\_\_\_\_ Months

How many chows do you currently have \_\_\_\_\_

How did you hear about us? \_\_\_ Web Page \_\_\_ Club Meeting \_\_\_ Other  
If "Other" please specify:

\_\_\_\_\_  
Reasons for joining the NFCCC:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
If applicable please enter your kennel name:

\_\_\_\_\_  
Please list other dog clubs your belong to:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you over 18 years of age? Yes/No \_\_\_\_\_

**Sponsor 1 Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Sponsor 2 Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Mail To:**

**Pat Kennedy**

**110 Kingswood Ct**

**Sanford FL 32773**

