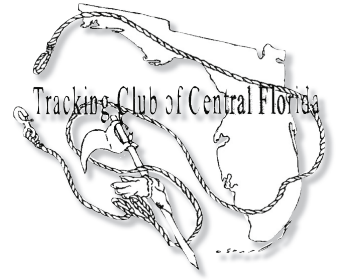


Tracking Club of Central Florida, Inc.

Membership Application Form

Please fill in the following information to ensure it is correct on the membership list



PERSONAL INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____ Cell _____

DOG INFORMATION

Are you a dog owner? Yes No

Breeds of dogs owned _____

Are you a tracking exhibitor? Yes No

What are your tracking accomplishments/goals? _____

Are you a tracking instructor? Yes No

What other dog venues do you participate in?

List any positions you have held in dog clubs.

YOU MUST BE SPONSORED BY TWO MEMBERS WHO HAVE KNOWN YOU FOR AT LEAST SIX MONTHS

Name _____ Name _____

Sign _____ Date _____ Sign _____ Date _____

ANNUAL DUES

Regular membership \$25

Family membership \$35

Associate membership \$15

(can not vote or hold office)



PLEASE MAKE CHECKS PAYABLE TO TCOCF, INC AND MAIL TO:

Paul Reep, Treasurer
19 West New Hampshire St.
Orlando, FL 32804

EASY WRITEABLE FORM!
Type directly on it, Print it & Mail it in!