

MEMBERSHIP APPLICATION:

First Name: _____ Initial: ____ Last Name:

Address: _____

City: _____ State: _____ Zip Code

_____ - _____

E-mail _____ Phone:

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 Member _____
Other _____

If "Other" please specify:

Reasons for joining the NFCCC:

If applicable, please enter your kennel name:

Please list other dog clubs you belong to:

Are you over 18 years of age? Yes / No _____

Sponsor 1 Name _____

Date: _____

Sponsor 2 Name _____

Date: _____

Signature: _____

Date: _____

Mail to:

Karlene Hartin

635 Sweetbriar Branch Rd

Longwood, FL 32750

email : NFCCC_secretary@cfl.rr.com