

CENTRAL FLORIDA WORKING GROUP ASSOCIATION
Membership Application

Name _____ Date _____
Address _____ City _____
State _____ Zip _____ Phone _____ Fax _____
E-mail _____ Occupation (required) _____

Breed/Breeds owned _____
Check all areas that apply:

____ Exhibitor AKC events in the past 2 years ____ Conformation ____ Obedience ____ Agility ____

____ Breeder: Indicate number of litters whelped within the past 2 years _____

____ Judge: ____ Conformation ____ Obedience ____ Agility ____ Other _____

____ Instructor ____ Conformation ____ Obedience ____ Agility ____ Other _____

____ Interested Dog Owner (Must own one or more working group breeds)

Areas of Interest or committees on which you like to serve:

____ Educational Programs ____ Performance Events ____ Breed Referral
____ Match /Show Organization ____ Community Service ____ Publicity
____ Fundraising Activities ____ Trophies and Awards ____ Hospitality
____ Social Events Other _____

Please list any special skills or talent you have that may be a benefit to the club: _____

Membership: Single \$20.00 _____ Household \$30.00 _____ Junior Member \$15.00 _____
I the applicant named herein apply for membership in the Central Florida Working Group Association and enclosed dues for the year of \$ _____ I agree to abide by the Constitution & By-Laws of the CFWGA and of the American Kennel Club, Inc.

Applicant Signature _____
SPONSOR Signature _____ Date _____
SPONSOR Signature _____ Date _____

Under AKC rules a signature is required to receive E-mail notices and other Club information

Applicant Signature _____
Applications including dues to be sent to Membership Chairman:
Grace Black, P O Box 2118, Bunnell, FL 32110
Club use only
Date Received _____ Amount Paid _____
First Reading _____ Second Reading _____
Third Reading/Vote _____ Action: Accepted _____ Denied _____ Notification Date _____
Notes _____