

TBVC Membership Application Form

Please fill out the form completely and print legibly.

For family memberships please be sure to include information for both members who will ultimately be voting members and wish to be in the directory and/or receive club communications. Unless you opt out below, this information will be used for club communications and group emails.

Member Informa	ition:			
First Name		Last Name		
Kennel Name				
Street Address				
City				
State	Zip			
email		best phone		
Member #2 Info	rmation: (for Family memberships)			
First Name		Last Name		
email		best phone		
Type of Membership: Associate (\$30, non-voting) Junior (\$0, non-voting, under 18 years old) All new members are non voting members for one year. We welcome you to become individual or family voting				
members and have a voice in the club's decision making process after the initial year becoming Individual (one vote) \$35 or Family (two votes) \$40				
Member #1 Communication Preferences:				
I allow all of my information to be published to members only OR I do not wish to have any information other than name published				
Okay to send group emails OR Please do not send group emails				
Member #2 (for family memberships) Communication Preferences:				
I allow all of my information to be published to members only OR				
I do not wish to have any information other than name published				
Okay to send group emails OR Please do not send group emails				

agility, obedience and rally, dock diving, barn hur	nt and so much more.
	o answer questions and help you get started. mation about and feel free to share some information re did you acquire them? What your interests are? Would
TBVC Sponsor Information:	
	oting member in good standing. If you are unable to get it nembership chair will call you directly and discuss.
TBVC Sponsor Name:	Date:
TBVC Sponsor Signature:	Date:
TBVC members abide by the Vizsla Club of American he TBVC website. https://vcaweb.org/the-vca/vca	ca's Code of Ethics which can be found on the VCA or -code-of-ethics/
/(We) agree to abide by the TBVC Code of Ethics	
Member Signature: Member #1 Signature:	

SUBMITTAL INSTRUCTIONS:

Member Signature: Member #2 Signature:

Activities/Interests:

Please submit your completed Application Form and check made payable to "TBVC" to the TBVC Membership Chair (Melinda Robinson). Potential member's name(s) and other relevant information will be published via email to the current membership and if there are no objections within 14 days of posting the application will be accepted.

Melinda Robinson TBVC Membership Chair 4349 SW 47th Ct Bell, FL 32619 Mdr117@me.com or tbvcwebsite@gmail.com