



# 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 wish to be in the directory and/or wish to receive club communications.

Unless you opt out below, this information will be used for club communications and group emails.

## Member Information:

First Name  Last Name

Kennel Name

Street Address

City

State  Zip

email  best phone

## Member #2 Information: (for Family memberships)

First Name  Last Name

email  best phone

Number of Vizslas currently in your household?  Males  Females

## Type of Membership:

Associate (\$30, non-voting)

Junior (\$0, non-voting, under 18 years old)

## Rescue Donation: *Please consider making a donation to TBVC Rescue:*

\$20      \$35      \$50      Other amount:

## Volunteer Opportunities!

Please let us know if you may be able to volunteer to help with Vizsla Rescue or Club Events.

Indicate your area of interest and you will be contacted with more information.

Vizsla Rescue:      Transport      Home Checks      Foster      Phone Calls

Club Events:      Fun Days      Hunt Tests      Field Trials      Specialty Shows

I would like more information about...

*Thank you for your interest and consideration!*

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## Member Communications Preferences:

- I allow all of my information to be published to members only
- Please keep the following information private and do not publish to the membership:
- email                       phone                       street address
- Please do not send me group emails

## Member #2 (for Family memberships) Communications Preferences:

- I allow all of my information to be published to members only
- Please keep the following information private and do not publish to the membership:
- email                       phone                       street address
- Please do not send me group emails

## TBVC Sponsor Information

*Application must be signed by a current TBVC Voting member in good standing.*

### TBVC Sponsor Name:

TBVC Sponsor Signature:

Date:

I/(We) agree to abide by the TBVC Code of Ethics.:

Member Signature:

Date:

Member #2 Signature:

Date:

## SUBMITTAL INSTRUCTIONS:

Please submit your completed Application Form and check made payable to "TBVC" to the TBVC Membership Chair (Judy Alonzo). 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.

Judy Alonzo  
TBVC Membership Chair  
18945 Crooked Lane  
Lutz, FL 33548  
judyTBVC@gmail.com