

**DOG OBEDIENCE CLUBS OF FLORIDA  
MEMBERSHIP APPLICATION**

Name of Organization: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**OFFICERS:**

**PRESIDENT:** \_\_\_\_\_

Address, City, ST, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**VICE PRESIDENT:** \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**SECRETARY:** \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**TREASURER:** \_\_\_\_\_

Address, City, ST, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**DOCOF DELEGATE:**

**DELEGATE:** \_\_\_\_\_

Address, City, ST, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**ALTERNATE DELEGATE:** \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

(CONTINUED ON NEXT PAGE)

Applications must be received at least 6 months prior to the competition in order to be voted in and compete in the Tournament the same year. You must send a Representative to the next meeting to speak for, and answer questions about your Organization. Please give a brief history and goals of the Club in the interactive text box below. Return this form to the DCOF Membership Chairperson with your dues. Not valid without dues.

Year: \_\_\_\_\_ Dues: \$ \_\_\_\_\_

DCOF Membership Chairperson: Deborah P. Neufeld, 1103 Delaware Ave. Kissimmee, FL 34744-3516  
Phone: 407-847-0725 E-mail: [Obdnn@aol.com](mailto:Obdnn@aol.com)

**SPONSORING DELEGATE:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Club: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**RESULTS:**

Accepted/Rejected: \_\_\_\_\_

Date: \_\_\_\_\_

**History and Goals of Club: (If entering data manually, continue on reverse side)**