

DOG OBEDIENCE CLUBS OF FLORIDA MEMBERSHIP APPLICATION

Name of Organization:												
Parent Club		AKC				Other						
Permanent Address:												
State	Florida		Zip Code									
Application Date:						Phone					Cell	
Email of Person Submitting form												
OFFICERS												
President												
Street Address												
State	FL		GA		AL		Zip				Phone	
Email												
Vice President												
Street Address												
State	FL		GA		AL		Zip				Phone	
Email												
Secretary												
Street Address												
State	FL		GA		AL		Zip				Phone	
Email												
Treasurer												
Street Address												
State	FL		GA		AL		Zip				Phone	
Email												
DOCOF Delegate												
Street Address												
State	FL		GA		AL		Zip				Phone	
Email												

Alternative DCOF Delegate										
Street Address										
State	FL		GA		AL		Zip		Phone	
Email										

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. Application will not be processed without payment or dues up front.

Year(s)		Dues amount paid	\$	
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DCOF Membership Chairperson: Deborah P. Neufeld, 1103 Delaware Ave. Kissimmee, FL 34744-3516 Phone: 407-346-5156 E-mail: Obdnn@aol.com

SPONSORING DELEGATE

Sponsoring Delegate					
Phone		Email			
Organization					

Briefly tell us about the History and Goals of your organization

Office Use	Result of Action or Vote	Approved		Rejected	
Date of Action		Signed			