Dog Obedience Clubs of Florida Membership Application



Application Date:	
Name of Organization:	
Parent Club: AKC: Other:	
Club's Mailing Address:	City:
State: Zip Code: Phone:	
Person Submitting Form:	Title:
Email:	Signature:
	OFFICERS
President:	Email:
Phone:	
V. P.:	Email:
Phone:	
Secretary:	Email:
Street Address:	City:
State: Zip:	Phone:
Treas.:	Email:
Phone:	_
DELEGATE:	Email:
Street Address:	City:
State: Zip:	Phone:
Alternate Delegate:	Email:
Phone:	

Created: 08/05/2025

	SPONSORING DELEGATE
Name:	Organization:
Phone:	Email:
answer questions about your orga	ust send a representative to the annual meeting to speak to, and nization. Please return this form to the DOCOF Treasurer, along with processed without payment of dues upfront.
NOTE: By-Laws Article I	<mark>I, Section I, Membership</mark>
(c) Dues shall be payable on o delinquent on April 2nd. of the fol	or before September 30th of each calendar year and become llowing year.
between October 1st and April 1st	endar year shall be \$75 if paid on or before September 30 th . Dues paid t. shall be \$80. Any Club that has not paid dues by April 2nd. shall be nembership will be considered lapsed. Refer to Article II for
Dues paid for year:	Dues paid:\$75\$80 Check no.:
Please make the check payable	to DOCOF
Please mail to: Jeanette Rogers, T	reasurer, 4391 Berkshire Road, Saint James City, FL 33956
Result of vote: Approved:	Rejected: Date:
Signed:	

Briefly tell us about the history and goals of your organization.

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