



TBVC 2021 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	<input type="text"/>	Last Name	<input type="text"/>
Kennel Name	<input type="text"/>		
Street Address	<input type="text"/>		
City	<input type="text"/>		
State	<input type="text"/>	Zip	<input type="text"/>
email	<input type="text"/>	best phone	<input type="text"/>

Member #2 Information: (for Family memberships)

First Name	<input type="text"/>	Last Name	<input type="text"/>
email	<input type="text"/>	best phone	<input type="text"/>

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- Please keep the following information private and do not publish to the membership: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- Please keep the following information private and do not publish to the membership: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