



Thank you for your interest in the Tampa Bay Chihuahua Club. Enclosed is an application for membership. Included with the application is an Authorization for the Use of Electronic Communications. In addition to these forms being completed, each new member must have a sponsor that is a current member that is in good standing with the club and has met the individual.

Before applying for membership, if you live within the 50-mile radius of the Hillsborough and Pinellas county line, you must attend two business meetings before being considered. If you live outside of the radius, you may apply without attending those meetings.

Please return all of the completed forms, along with the membership dues (\$15.00 individual/\$20.00 family). Upon receipt of your application, the check will be forwarded to the Club Treasurer. The acceptance of your dues does not indicate an approval of the membership. If your application is not accepted for membership, the dues will be returned.

Your application will be filed with the Secretary and submitted for vote at the first regular meeting of the Club following its' receipt. You will be notified of the status of your application within (10) ten days of the election.

Please return your completed packet to:

Sandy St. John
16811 Sherbrook Road
Clearwater FL 33764

Tampa Bay Chihuahua Club Membership Application



Name: _____

Address: _____

Telephone: () _____ Email: _____

Website: _____

Kennel Name: _____

Is the above kennel name registered with AKC?: ☐ Yes ☐ No

Variety of Chihuahua(s) owned: ☐ Long Coat ☐ Smooth Coat ☐ Both

Approximate number of: Chihuahuas owned: _____ Litters per year: _____

What other breed(s) do you own? _____

Do you breed these animals? ☐ Yes ☐ No

Do you breed dogs that are not registered? ☐ Yes ☐ No

How long have you been in Chihuahuas? _____

Do you exhibit your dogs in AKC recognized shows? ☐ Yes ☐ No

Approximate number of shows entered per year: _____

Approximate number of Chihuahuas shown per year: _____

Do you own any AKC recognized champions? ☐ Yes ☐ No

Do any of your Chihuahuas have obedience titles? ☐ Yes ☐ No

Do any of your Chihuahuas have "points" or "legs"? ☐ Yes ☐ No

Are you a member of the Chihuahua Club of America? ☐ Yes ☐ No

Name of member sponsoring your application: _____

On the reverse side of this application, please list all dogs that you own and their respective AKC registration numbers.

FOR TAMPA BAY CHIHUAHUA CLUB USE

Date Rec'd: _____ Amount: \$ _____ Check No: _____ Completed: App ☐ C of E: ☐ Elect Com: ☐

Membership Committee Recommendation: Yes ☐ No ☐ Club Vote: : Yes ☐ No ☐

Date Accepted: _____ Explanation sent to applicant: _____



Tampa Bay Chihuahua Club Authorization - Use of Email

Please complete and return to the Secretary.

The Tampa Bay Chihuahua Club has adopted email communication, unless otherwise defined in the By-Laws, as a method of notification for club meetings and other club notices which may include but are not limited to dues notices or reminders, minutes, newsletters and surveys. This is to comply with AKC Club Relations Policy:

http://www.akc.org/pdfs/clubs/club_policies/ALL_CLUB_EMAIL_NOTIFICATION_Policy-Jan_2006.pdf

All members are required to sign this authorization to activate email communication, to elect to receive only hard copy notifications via the US Postal Service or to choose not receive any notifications. Such authorization is revocable. The Club is released from any liability should notifications be received late or not received by a member or board member due to circumstances beyond the Club's control.

Member's Authorization:

Email Address: _____

- ☐ I will accept notifications by email.
- ☐ I do not wish to receive notifications; exceptions may apply at the discretion of the Board.
- ☐ I do not wish to receive notifications by email. Please mail them to the address below.

Street Address State Zip Code

Date Name – Please Print Signature

Co- Member's Authorization:

Email Address: _____

- ☐ I will accept notifications by email.
- ☐ I do not wish to receive notifications; exceptions may apply at the discretion of the Board.
- ☐ I do not wish to receive notifications by email. Please mail them to the address below.

Street Address State Zip Code

Date Name – Please Print Signature