



Kerry Blue Terrier Club of Central Florida

Date: _____

PLEASE CHECK ONE

Name: _____

_____ Full Membership

Address: _____

_____ Associate Membership

City: _____

State: _____

Zip Code: _____

Phone: {Area Code} _____

E-Mail _____

Breed(s): _____

Membership In Other Clubs: _____

Committee Involvement In Other Clubs (If Any) _____

Have You Ever Been Suspended By The AKC? Yes _____ No _____

If Yes, When? _____ Why? _____

How Many Litters Produced Per Year? _____

Please give a brief statement about why you would like to be a member of this club. What you expect to get from the club and what do you feel you can bring to the club.

I agree to comply with the constitution and By-Laws of the Kerry Blue Terrier Club of Central Florida and the rules of the AKC. I understand that my application for membership will be published in the newsletter prior to the general membership voting.

If elected to membership, I agree to abide by the Code of Ethics as printed below.

Signature of Applicant

Signature of Sponsor

Signature of Sponsor

MEMBERSHIP CHAIRMAN

Judy Agnew (352) 812-7515

KerionKerries@gmail.com

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