



Bearded Collie Club of Central Florida Membership Application

Type of Membership: _____ Individual \$10.00 (\$5 in July or later)
_____ Joint \$20.00 (\$10 in July or later)

Make check payable to BCCCF and mail to:

Peggy Caldwell
956 Monte Cristo Blvd.
Tierra Verde, FL 33715

NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

BEARDIE'S AKC REGISTERED NAME (IF KNOWN)

SIRE _____ DAM _____

AKC REG # _____ CALL NAME _____

DATE OF BIRTH _____ COLOR _____

(If you have more than one beardie, please provide above information on a separate sheet)

Other Dog Club Affiliations _____

I/We hereby apply for membership in the Bearded Collie Club of Central Florida
and agree to abide by its Constitution, By-Laws and Code of Ethics.

Date _____ Signature _____

Date _____ Signature _____