



# Mid-Florida Sporting Dog Association

## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

If Junior, Date of Birth: \_\_\_\_\_  
2nd Household Member (if Household Application) \_\_\_\_\_  
2nd email address: \_\_\_\_\_

### Sporting Dog Information

Breed (s): \_\_\_\_\_ Kennel Name: \_\_\_\_\_  
Call Name (s): \_\_\_\_\_  
Other Club Memberships: \_\_\_\_\_  
Current Activities: Please list all dog sport activities in which you participate: \_\_\_\_\_

Do you have any special skills to aide at/run FSDA events? If so, please describe

### Payment Options

Please indicate which membership type you are applying for:

- Regular (individual) - \$20/year
- Household - \$30/year. Please fill out info for up to 2 household members.
- Associate (no voting privileges) - \$15/year
- Junior Member Only - \$10/year. Must be under 18 years of age, and sole applicant of the household.

Dues may be paid by check or PayPal. Please use [mfsdinc@gmail.com](mailto:mfsdinc@gmail.com) for PayPal payments. All dues are to be paid annually by March 31<sup>st</sup>. If a new application is submitted after January 1<sup>st</sup>, those dues will carry over throw the following full calendar year.  
Email applications to: [alysondc@hotmail.com](mailto:alysondc@hotmail.com)

**Please make check payable to: Mid Florida Sporting Dog Association, c/o Charles St. Maurice, Treasurer. 1073 Clippers Way, Tarpon Springs, FL 34689**

### Signatures

I/we hereby apply for membership to the Florida Sporting Dog Association, and agree to abide by its by-laws and regulations. In accordance with the provisions of the by-laws, the sum of \$\_\_\_\_\_ is enclosed in payment of membership dues. Applicants admitted to membership between April 1<sup>st</sup> and March 31<sup>st</sup> shall pay dues in the full amount for the current year. Those admitted between January 1<sup>st</sup> and March 31<sup>st</sup> shall pay no dues for the current calendar year, but dues for the year following shall accompany each membership application.

Signature of Applicant: \_\_\_\_\_ Date: / /

Signature of spouse/guardian: \_\_\_\_\_ Date: / /  
(for joint membership/junior applicant):

**Please obtain TWO (2) signatures of current MFSDA members as references:**

Member 1 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Member 2 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Applicants will be notified of status within 30 days of application submission.**