



**Toy Dog Fanciers of North San Diego County
Membership Application**

Applicant's Name: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone: _____ **E-mail Address:** _____

Toy Dog Information

How long have you owned Toy Dogs? _____
Primary Breed: _____ **Other Breed:** _____
Are you a breeder or Exhibitor? _____

What are your goals as a Toy Dog enthusiast? _____

Why would you like to become a member or the TDFNSDC? _____

If accepted into membership, will you pledge to follow and support the precepts of this club with its Constitution, abide by all AKC procedures and rules and be ever mindful of our dedication to the humane concepts of animal ownership and promotion?

Applicant's Signature: _____ **Today's Date:** _____

Sponsors: (Must be TDFNSDC members in good standing)

Name: _____	Name: _____
Signature: _____	Signature: _____
Address: _____	Address: _____
City: _____ St: _____ Zip: _____	City: _____ St: _____ Zip: _____
Phone Number: _____	Phone Number: _____
E-mail Address: _____	E-mail Address: _____

Return this completed application to TDFNSDC with annual dues in the amount of \$15.00 per member to the address below:

TDFNSDC
P. O. Box 1722
Carlsbad, CA. 92018
toys@toydogfanciers.com