



Membership Application

Please complete this Membership Application and return it to us.

Send a check (payable to CFODC) to P. O. Box 1186, Tehachapi, CA 93581 or find us on PayPal.

All Breed Clubs - \$125 Specialty/Obedience/Performance Clubs - \$45 Other Clubs/Organizations \$25
Individual Membership - \$20 Family Membership (two or more adults at the same address) - \$30

Dues cover the year, January 1 through December 31. Dues received after September 30 will be applied to the next year.

* Required Fields. Also, please provide phone numbers for your delegate and president.

* Club/Individual Name(s): _____
* Street Address: _____
* City, State, Zip: _____
* Email Address: _____
* Phone: _____

* Number of Club Members: _____

Club CFODC Delegate: _____

Street Address: _____

City, State, Zip: _____

Email Address: _____

Phone: _____

Club President: _____

Street Address: _____

City, State, Zip: _____

Email Address: _____

Phone: _____

Dues: _____

Additional Donation: _____

We are a 501(c)3 non-profit.

Total: _____

Submission of this application indicates your agreement to abide by the bylaws of the CFODC.
All CFODC officers and board members are unpaid volunteers.

Date: _____ Authorized Signature: _____