



# National Toy Fox Terrier Association Membership Application

Please Check-  
NEW \_\_\_\_  
RENEWAL \_\_\_\_

1. Name(s): \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City/State/Zip: \_\_\_\_\_
4. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_
5. E-Mail: \_\_\_\_\_
6. Personal web site : \_\_\_\_\_
7. How many TFTs do you own? \_\_\_\_\_ & How long have you owned TFTs? \_\_\_\_\_
8. Share your experience with TFTs. (Are you a pet owner, breeder, exhibitor, handler, judge?). Please include what you think is "special" about TFTs. (Use back of page if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you own other breeds? Yes\_\_ No\_\_ Please list and note how many of each breed. (Use back of page if necessary.) \_\_\_\_\_

10. Do you participate in dog shows/trials? Yes \_\_ No \_\_ UKC? \_\_ AKC? \_\_ Other? (list ) \_\_\_\_\_

11. In which areas do you participate? Conformation \_\_ Agility \_\_ Obedience \_\_ Weight Pull \_\_ Other

12. **NEW APPLICANTS ONLY:** Please list two members of NTFTA, who have been members for at least one year, and are willing to sponsor you. Please provide contact information (name, address, phone & e-mail, if available.)

(1.) \_\_\_\_\_

(2.) \_\_\_\_\_

13. Why do you wish to become a member of the NTFTA? \_\_\_\_\_

14. I (we) agree to abide by the constitution and by-laws, breed standard, and any additional policies (e.g. Code of Ethics) and procedures of the National Toy Fox Terrier Association and the United Kennel Club, Inc. I (we) understand that if I (we) violate any rule, regulation, policy, or procedure of the UKC or the NTFTA, I (we) may be disciplined, consistent with the by-laws of the NTFTA which may include the suspension or revocation of the membership(s) of any individual(s) who is (are) in violation or that has (have) complaints filed against them.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date : \_\_\_\_\_

**Yearly Dues: \$25 Single Membership,:** \_\_\_\_\_

**\$30 Family/Household Membership:** \_\_\_\_\_

**\$10 Junior Membership :** \_\_\_\_\_

Eliza Hopkins,  
Membership Secretary  
26649 L Drive S.  
Homer, MI 49245

Please make checks payable to NTFTA.  
Mail check and completed application to:

Please check areas below that you would be interested in learning more about or would be willing to contribute your time and effort to help the NTFTA by:

\_\_Serving as an Officer or \_\_on Board of Directors, \_\_Working at shows, \_\_Serving on committees,  
\_\_Contributing to or \_\_Editing the NTFTA newsletter, \_\_Helping with web site and/or \_\_Yahoo Group