

Membership Application
Bull Terrier Rescue Club of Southwest Florida Inc.

Single: \$25
Couple: \$40
Donation: \$ _____ Total amount submitted: \$ _____

Name(s): _____

Address: _____ Home Phone: () _____
Cell: _____
Email: _____

Are you a member of any other dog club: NO: ___ YES: (please list)

Do you own any rescue dogs? No: ___ Yes ___ How many: _____
Breed(s): _____

Would you be willing to be actively involved in rescue? No: ___ Yes: _____

Do you have a special area of interest? _____

Anything else you would like to add? _____

I/We would like to become a member of the Bull Terrier Rescue Club of Southwest Florida and promise to abide by the bylaws and constitution of the club.

I/We agree that it is not the purpose of this club to adopt out or to foster any animals for fighting in or out of the pits, nor will this type of activity be tolerated by the Bull Terrier Rescue Club of Southwest Florida. I/We do not advocate or participate in any form of inhumane treatment of any animal.

Signatures:

Applicant: _____ Applicant: _____

Please submit application with payment to: Bull Terrier Rescue Club of Southwest Florida (BTRCSWF), Joan Spangler, Treasurer, 13145 Thoroughbred Drive, Dade City, FL 33525