## The Staffordshire Bull Terrier Club of Florida Application

Date		
I/We agree to abide by the Constitution The Staffordshire Bull Terrier Club of I	<u> </u>	
Name (please print)	Signature	
Name (please print)	Signature	
Address		
City	State	Zip
E-mail	Phone# w/area co	ode
Contact info may be listed on membersh	nip list? Y N	
How many Staffordshire Bull Terriers d	o you own? Co-	own?
Do you exhibit? Conformation Obecomes FastCat Scentwork		y Barn hunt
Do you breed? Y N		
Regular Membership -\$20.00 (No.000	per adult member.)	is 2 adults over 18
Sponsor Signature		
Sponsor Signature		

## All Checks or money orders should be made out to:

## The Staffordshire Bull Terrier Club of Florida

Send to:

**Elizabeth Harris** 

13938 N US HWY 441

**Citra, FL 32113**