

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell phone: _____

Email: _____

Signature of Applicant(s) _____

Print sponsor's name: _____

(A sponsorship form is needed.)

Enclosed is a check for \$ _____ \$25.00 Associate membership (single or family)

\$ _____ \$30.00 Single membership (voting - 1)

\$ _____ \$40.00 Household membership (voting - 2)

- Associate membership is recommended for those that cannot attend meetings and functions on a regular basis. Associate members are entitled to all privileges of the club except voting and holding office.

After submission of this application with your check or PayPal payment, it will be considered by the STCTB Board for action. Membership fee to STCTB must accompany your application, funds to be returned if applicant is rejected. If you have any questions please contact club secretary Laurie Slater at tampascotties@gmail.com.

Please mail Application, signed Code of Ethics, and Sponsor form to:

Sonia Hollnagel, 1774 Enterprise-Osteen Road, Deltona, FL 32725

Do not write in this space

Date Application Received _____

First Reading of Application _____

Code of Ethics Signed _____

Date published/notice to STCTB Members _____

Sponsorship Form Signed _____

Check and/or PayPal to Treasurer _____

Acknowledgement Sent to Member _____

STCTBmembershipapplication.11.2018