

MARITIME GOLDEN RETRIEVER CLUB

MEMBERSHIP APPLICATION/RENEWAL FORM

I/We wish to apply for membership in the Club for the fiscal year 2007

I/We agree to abide by the Constitution and By-Laws of the Maritime Golden Retriever Club, and to honour its Code of Ethics.

PLEASE PRINT (TYPE) THE FOLLOWING INFORMATION CLEARLY

If family membership (two related persons residing at the same address), please list the two names separately.

Name:	_____

Address:	_____

Postal Code:	_____
Phone:	_____ Home _____ Work
Signatures:	_____
Email Address:	_____
CKC Membership No.	_____

Sponsored by: _____(New member only)

	Show	Obedience	Tracking	Field
Interested in	___	___	___	___
Willing to help in	___	___	___	___

Membership fee - \$25.00 single,
\$35.00 family

Please make cheque payable to
Maritime Golden Retriever Club

Return this form with your cheque to:
Chris Gallant, Membership Secretary
374 Beaver Street, Summerside,
PE, C1N 2A4

Please complete the following for our records:

Golden's Registered Name: _____

CKC Number _____ Tattoo No. _____

Sex _____ Date of Birth _____

Breeding Stock ____ Yes ____ No

Golden's Registered Name: _____

CKC Number _____ Tattoo No. _____

Sex _____ Date of Birth _____

Breeding Stock ____ Yes ____ No

Golden's Registered Name: _____

CKC Number _____ Tattoo No. _____

Sex _____ Date of Birth _____

Breeding Stock ____ Yes ____ No

Golden's Registered Name: _____

CKC Number _____ Tattoo No. _____

Sex _____ Date of Birth _____

Breeding Stock ____ Yes ____ No

Golden's Registered Name: _____

CKC Number _____ Tattoo No. _____

Sex _____ Date of Birth _____

Breeding Stock ____ Yes ____ No

For Office Use Only:

Date received: _____

Date Acknowledged: _____