



**MARTIME GOLDEN RETRIEVER CLUB
MEMBERSHIP APPLICATION/RENEWAL FORM 2020**

APPLICANT INFORMATION

FAMILY MEMBERSHIP IS TWO RELATED PERSONS RESIDING AT THE SAME ADDRESS.
PLEASE LIST THE TWO NAMES SEPARATELY.

Name:		Name:	
Address:			
City:	Country:	Postal Code:	
Phone Res:	Phone Bus:	Cell:	
Email:		CKC Membership No.	
Kennel Name:		Owned Tattoo No.	
Signature:		Date:	
Signature:		Date:	

**AREAS OF INTEREST
CHECK ALL THAT APPLY**

Show	Obedience	Field	
Tracking	Agility	Therapy	
Committee Participation	Fundraising	Board Membership	
Club Newsletter	Club Website	Social Media	
Awards	Education	Rescue	Health Clinics
Other			

**SPONSORED BY
NEW MEMBERS ONLY**

Maritime Golden Retriever Club Member Name: _____ Date: _____

**ANNUAL MEMBERSHIP FEES AND PAYMENT INFORMATION
CHECK ALL THAT APPLY
PAYMENT MADE PAYABLE TO MARITIME GOLDEN RETRIEVER CLUB**

Single Membership: _____\$25 Family Membership : _____\$35 Breeder's List: _____\$25 Total Enclosed: _____

MAIL FORM AND PAYMENT (CHEQUE OR E-BANK TRANSFER)
TO: Marg Bethune, Treasurer
P.O. Box 1158
Hampton, NB E5N 8H2
Email: mbethune@nb.aibn.com

DOG INFORMATION

PLEASE COMPLETE THE FOLLOWING FOR OUR RECORDS

Golden Retriever's Registered Name:		Call Name:	
CKC Registered No.	Tattoo No.	Microchip No.	
Sex:	Date of Birth:	Breeding Stock: ____Yes ____No	
Golden Retriever's Registered Name:		Call Name:	
CKC Registered No.	Tattoo No.	Microchip No.	
Sex:	Date of Birth:	Breeding Stock: ____Yes ____No	

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Golden Retriever's Registered Name:	Call Name:
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CKC Registered No.	Tattoo No.	Microchip No.
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Sex:	Date of Birth:	Breeding Stock: ____Yes ____No
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**DOG INFORMATION (CONTINUED)
PLEASE COMPLETE THE FOLLOWING FOR OUR RECORDS**

Golden Retriever's Registered Name:	Call Name:
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CKC Registered No.	Tattoo No.	Microchip No.
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Sex:	Date of Birth:	Breeding Stock: ____Yes ____No
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Golden Retriever's Registered Name:	Call Name:
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