

Northeastern New York Golden Retriever Club, Inc.

Membership Application

Please check one: • Individual Membership • Family Membership

Name (s):

Address:

Member of GRCA _____ Home Phone: _____ Work Phone:

E-Mail address: _____ Kennel Name (if applicable):

Occupation: _____

Type of Membership (Circle One):

Single \$25.00 Family \$30.00

Make checks payable to:

Northeastern New York Golden Retriever Club, Inc. (NENYGRC)

AREAS YOU ARE CURRENTLY INVOLVED: _____ Conformation _____ Obedience
_____ Hunting _____ Tracking _____ Agility _____ Therapy _____ Rescue _____ Other/Specify

ARE YOU INTERESTED IN: Committee work – which one(s): CHECK
_____ Matches/Organizations -----> (Circle one -----> (Breed/Obedience/Hunting)
_____ Newsletter _____ Fund Raising _____ Public Education _____ Breeder Referral _____ Membership
_____ Rescue/Therapy _____ Other/specify

(By signing this membership application you are agreeing to abide by the Club's current By-Laws and Constitution and by the Code of Ethics of the NENYGRC, Inc.; and that you are a member in good standing with The American Kennel Club.)

Applicant signature

Date

Applicant signature (for Family)

Date

Please mail application to: Kathy McLaughlin-Wager, 26 Brookview Dr., Schenectady, NY 12303-4704