

BLACK CREEK RETRIEVER CLUB, INC.

APPLICATION FOR MEMBERSHIP

Name(s): _____

Print Name

Address: _____

City/State/Zip: _____

E-mail: _____ Profession: _____

Home Phone: _____ Work Phone: _____

Breed(s) of dog(s) owned: _____ # of dogs working now _____ Ages: _____

Your experience, if any, in hunting tests, field trials, etc.: _____

Offices held in other clubs: _____

Main Interests: _____

Goals: _____

Special Equipment: (canoe, training aids, etc.): _____

Special talents and/or skills you may contribute: _____

If accepted for membership, I will agree to abide by the constitution and by-laws of the Black Creek Retriever Club, Inc.

Signature: _____

Sponsor: _____

Dues: Individual Membership \$25.00/year Family Membership \$35.00

Please make checks payable to: **Black Creek Retriever Club, Inc.**

Forward to: Rick Loewenstein
8 Timber Trace
Malta, NY 12020

Home phone: (518) 884-0450
email: rmlo2@aol.com