Membership Fee must accompany Application Membership requirements must be met prior to application submission.

ANNUAL DUES:

Individual Membership: \$25.00 Family Membership: \$30.00



DO NOT WRITE IN THIS SPACE
Date Recv'd:
Fee Recv'd:
Date 1st Reading:
Date 2nd Reading:
Approval Date:

CONNECTICUT RIVER VALLEY GOLDEN RETRIEVER CLUB MEMBERSHIP APPLICATION

Applicant:		
(Last)	(First)	(Middle Initial)
Co-Applicant:		
(Last)	(First)	(Middle Initial)
Other Family Members under t	his Application (under	· 18 years):
Address of Applicant:		
Telephone #'s of Applicant: (Hon	ne)	(Work)
Email (REQUIRED)		
		ast have attended at least one general
CRVGRC Club meeting prior to	o submission of this ap	oplication. Date:
Occupation Applicant:		
Occupation Co-Applicant:		
		Field, Tracking, Agility, Therapy)
Do you belong to other Dog Clu	bs? Y N Specify i	if Yes
Signatures:		
Signatures: (Ap	plicant) (Co-Applicant)
the best of my knowledge, met	nis proposea appiicani the eligibility requir	, I verify that this person(s) has/have, to ements to submit this application for the American Kennel Club and Golden
SPONSOR:	/	DATE:
(Signature)	(Name Prin	nted)
SPONSOR:		DATE:
(Signature)	(Name Prin	ted)

(REVISED: 11/18/07)