



GUNPOWDER RIVER GOLDEN RETRIEVER CLUB OF MARYLAND, INC.

(an AKC recognized Specialty Breed Club)

MEMBERSHIP APPLICATION

(PLEASE PRINT)

SECTION 1

Name(s): _____

Address: _____
Street City State Zip Code

Phone: _____ Work: _____

Email: _____ Fax #: _____

OTHER FAMILY MEMBERS: _____

TYPE OF MEMBERSHIP: () INDIVIDUAL - \$15.00 () FAMILY - \$20.00

() JUNIOR – Free DATE OF BIRTH: _____
(Junior Only)

I (WE) HEREBY MAKE APPLICATION TO BECOME A MEMBER(S) OF THE GUNPOWDER RIVER GOLDEN RETRIEVER CLUB OF MARYLAND, INC. IF ELECTED TO MEMBERSHIP OF THIS CLUB, I (WE) AGREE TO ABIDE BY THE CONSTITUTION AND BYLAWS OF THE SAME.

SIGNATURES: _____ SPONSORS: _____

WHAT ARE YOUR INTERESTS? : GROOMING ___ CONFORMATION ___ FIELD ___
BREEDING ___ OBEDIENCE ___ OTHER ___

ARE YOU A MEMBER OF ANY OTHER ALL BREED OR SPECIALTY CLUB:

YES ___ NO ___

IF YES, PLEASE SPECIFY:

WOULD YOU BE WILLING TO SERVE ON A COMMITTEE: YES ___ NO ___

APPLICANT(S) MUST BE SPONSORED BY 2 MEMBERS OF GRGRCM IN GOOD STANDING. SUBMIT THIS APPLICATION TOGETHER WITH YOUR CHECK TO THE MEMBERSHIP CHAIRPERSON FOR ACTION. YOU WILL BE NOTIFIED UPON MEMBERSHIP APPROVAL AT WHICH TIME YOU WILL RECEIVE THE CONSTITUTION AND BY-LAWS, MEMBERSHIP DIRECTORY AND OUR CLUB NEWSLETTERS.

NOTE: APPLICANTS MUST ATTEND TWO CLUB FUNCTIONS OR MEETINGS TO BE ELIGIBLE FOR MEMBERSHIP.

GRGRCM WOULD LIKE TO KNOW ABOUT YOU AND YOUR DOGS. PLEASE COMPLETE SECTIONS 2 AND 3 GIVING A BRIEF DESCRIPTION ABOUT YOURSELF AND ANY SHOW HISTORY, IF APPLICABLE.

SECTION 2

NUMBER OF DOGS (INCLUDE ALL BREEDS): _____

DOGS NAMES AND AGES: (REGISTERED Name and AKC Number IF APPLICABLE):

ARE YOU A BREEDER: _____ IF YES, HOW MANY YEARS: _____

HOW MANY LITTERS WHELPED TO DATE: _____

SECTION 3

BIOGRAPHICAL DESCRIPTION – INCLUDE HOBBIES & INTERESTS:

BREEDS & NUMBER OWNED PREVIOUSLY:

SHOW/MATCH/COMPETITION HISTORY (INCLUDE ANY TITLES EARNED):

RETURN COMPLETED APPLICATION TO:

Stacie Stolba
16408 Old Frederick Road
Mount Airy, MD 21771

MAKE CHECKS PAYABLE TO: GRGRCM

If you have any questions, please contact Stacie Stolba, Membership Chairperson at 410-442-1257 or Stacie.Stolba@comcast.net.

Application Received: _____ Check #: _____ Cash: _____

Date Read: _____ Date Voted: _____ Accepted: _____