

Check Number: _____ Voting Date: _

Membership Application

Applicant Name:	Co-Appli	cant Name (Spouse/Family r	nember):		
Address:					
City:	State:		Zip Code		
Phone:	Email:		Web Address:		
Kennel Name:	el Name: Referred By:				
HRLRC Sponsor (1):): HRLRC Sponsor (2):				
Must include a letter of er	ndorsement from each named sp	oonsor listed above.			
l own L	abrador Retrievers	Males	Females		
Are your currently breeding Labrado	r Retrievers? Yes	No			
If yes, what health testing have you p	performed on your breeding sto	ck?			
Are you currently competing in any v	renues with your dogs? If yes, wi	hich venues?			
I wish to join the HRLRC because I an					
	breed Obedience				
	ation Breeding				
Will you participate in the work of th	, 				
Which of the above activities would					
Do you belong to any other dog club	s?				
Before applying for membership the calendar years immediately preceding	,	t two (2) regularly scheduled	l club meetings and at least two (2) cl	ub events within two	
Dates of meeting attendance:		Dates of club func	tions attended:		
The applicant must fill out the applic to the Membership Chairperson, according	•	•	person or the HRLRC website. The ap I standing.	plication shall be submitted	
Each membership application shall b approved their membership dues sha for meeting dates, time, and location	all be paid immediately. Membe	=	b; applicant(s) must be present at this d according to the Club's fiscal year.	= ::	
I agree to abide by the rules of the A abide by them. I am eighteen years American Kennel Club.					
Applicant Signature :			_ Date:		
Co-Applicant Signature:			_ Date:		
Send completed application and spo Washington Michigan 48095	nsor letters via email to <u>kwiecha</u>	@aol.com OR print and mai	l to: HRLRC, Inc., c/o Kathy Wiecha, 6	7676 Chesapeake Drive,	
Date Application Received:	Dues Amount Recei	ved: Da	ate Received:		