



Membership Application

Applicant Name: _____ Co-Applicant Name (Spouse/Family member): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____ Web Address: _____

Kennel Name: _____ Referred By: _____

HRLRC Sponsor (1): _____ HRLRC Sponsor (2): _____

** Must include a letter of endorsement from each named sponsor listed above.*

I own _____ Labrador Retrievers _____ Males _____ Females _____

Are your dogs AKC registered? YES NO

Do you breed your dogs? YES NO Frequency of Litters: _____

Do you x-ray for dysplasia? YES NO Type: OFA PENHIP

Hips YES NO

Elbows YES NO

Do you have your dogs examined for eye disease? YES NO

I wish to join the HRLRC because I am interested in:

Learning more about the breed Obedience Tracking Field Work

Agility Conformation Breeding Other: _____

Will you participate in the work of the Club's Events? YES NO

Which of the above activities would you be willing to work at? _____

List any and all other dog organizations to which you belong: _____

I agree to abide by the rules of the American Kennel Club. I have read the Code of Ethics and By-Laws of the Huron River Labrador Retriever Club, Inc. and will abide by them. I am eighteen years of age or older, and am in good standing with the American Kennel Club.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Dues and two sponsorship letters should accompany the application (\$40 single membership, \$50 for family). Make checks payable to: **Huron River Labrador Retriever Club**. Annual dues are payable May 1st. Your presence is mandatory at either two of our monthly membership meetings or club functions within the calendar year BEFORE your application is voted upon. Applicants are voted upon quarterly (April, July, October, and January). This application will be voted upon at the first quarterly meeting after completion of attendance requirements. Meetings are held monthly in the greater Ann Arbor area. Refer to the club's website for meeting dates, time and location at www.huronriverlrc.com

Send completed application and check to:

HRLRC, Inc.
c/o Kathy Wiecha
67676 Chesapeake Dr.
Washington, MI 48095

Date Application Received: _____ Date of visit (1): _____ Date of visit (2): _____

Amount Received: _____ Date Received: _____ Check Number: _____ Voting Date: _____