



New Member Application

The Golden Retriever Club of BC

Annual Membership Fees:

- | | | |
|--------------------------|----------------------|--------------------------|
| <input type="checkbox"/> | Ordinary Membership | \$35.00 |
| <input type="checkbox"/> | Family Membership | \$40.00 |
| <input type="checkbox"/> | Associate Membership | \$35.00 (within Canada) |
| <input type="checkbox"/> | Associate Membership | \$35.00 (outside Canada) |

Name: _____

Address: _____

City: _____ Province: _____ Postal Code _____

Phone: _____ Email: _____

I/We wish to make application for membership in The Golden Retriever Club of B.C.

I/We have read and agree to abide by the By-Laws, Code of Ethics, and the Constitution of The Golden Retriever Club of B.C. and the rules of the Canadian Kennel Club.

I/We realize that during our first year our membership status is "provisional" and this prohibits me/us from holding office, voting, and being included on club listings for breeders, stud dogs, and puppies.

Signature(s) 1. _____ 2. _____

Owner's Registered Kennel Name (if applicable) _____

Owner's Registered Tattoo Combination (if applicable) _____

Golden's Call Name: _____ Sex: _____

Golden's Registered Name: _____

Tattoo # _____ Age: _____ CKC# _____

(Use back to list additional dogs)

I would be willing to help the club in the following areas:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Championship Shows | <input type="checkbox"/> Annual Picnic | <input type="checkbox"/> Tracking Trials | <input type="checkbox"/> Hunt Tests |
| <input type="checkbox"/> Obedience Trials | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Agility Trials |
| <input type="checkbox"/> WC/WCI/WCX Trials | <input type="checkbox"/> Golden Placement/Rescue | | <input type="checkbox"/> Rally O Trials |

Please return form with cheque payable to: Golden Retriever Club of BC

Mail to: GRCBC Membership c/o Wendy Galt

or Email form and E Transfer to: wgalt@telus.net

13488 235th Street, Maple Ridge, BC V4R 2W3

Phone: 604-467-9881

Office Use: Date Received: _____ Amount Received: _____
Date Acknowledged: _____ Cash/E Transfer/Cheque # _____
Added to mailing list: _____ Grp Email: _____ Data Base: _____