

## Oak Ridge Pointing Dog, Inc. Membership Application

name:		Date:	
Address:			····
City:	State	e:	Zip:
Email:	Phone #:		
Secondary Email:	Secondary Phone #:		
Occupation:	*All club correspondence	e is done through	າ email* ————————————————————————————————————
Married: yes/ no	Spouse Name:		
Breed(s) of Dogs:			
Other Club Affiliations	s:		
Type of Membership:  *Family membership rights. **\$2	idge? (\$70.5) Single Membership (\$70.5) Sincludes spouse and any dependence towards next yout Oak Ridge?	.00) Family Nendents under the vear's membership	Membership (\$75.00) age of 18, spouse has full voting with 8 volunteer hours.
*Please provide the nai know a current member Membership Requir -Membership re	me of a current club member that r, please attend an event or me rements: quires at least 8 hours of vol nts must be present at the m	at is willing to spor eting and introduce lunteer work a ye	nsor your application. If you do not e yourself. ear.
Applicant's Signature	:		Date:
*Please	John Buttermore, 115 Sassa or email to <u>oakridge</u> e make check payable to: C	pointers@gmail. Dak Ridge Point	com ing Dog Club, Inc.
Application Approval	Date:		