

Midwest Labrador Retriever Club

Membership Application

APPLICANT INFORMATION

First Name _____ Last Name _____

Additional Names (Family Membership) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Kennel Name (if Applicable) _____

How long have you been involved with Labradors? _____

In what venue have you been involved with Labradors? _____

How long have you been breeding Labradors? _____

What areas of interest do you have with Labradors (events/companionship)? _____

Who is your initial contact within the club? _____

How did you learn of the MWLRC? _____

Are you a member of another club? (circle one) Yes No Specify _____

Type of Membership (circle one): Individual-\$ 25 Family-\$ 35 Junior (under 18)-\$ 15

DOG INFORMATION (if applicable, NOT required)

Dog 1 Name _____ Call Name _____

Date of Birth _____ Sex _____ Breeder _____

Dog 2 Name _____ Call Name _____

Date of Birth _____ Sex _____ Breeder _____

AREAS OF INTEREST

Competition Areas of Interest (circle all that apply):

Canine Good Citizen (CGC)	Therapy Dogs International (TDI)
Conformation	Obedience
Rally	Agility
Hunt Tests	Field Trials
Tracking	

Club Areas of Interest (circle all that apply):

Steward	Judge
Set Up/Take Down	Clean Up
Raffle	Committee

Committees of Interest (circle all that apply):

Raffle	Trophies/Awards
Hospitality	Historian
Canine Good Citizen (CGC)	Equipment
Publicity	Judges Selection
Web Site	Newsletter
New Membership Welcome	Match/Specialty Planning

Areas you would like to volunteer (circle all that apply):

Specialty	Fun Matches
Fundraising Days	

SPONSORSHIP

The sponsorship of two current MWLRC Members in good standing with the club and AKC is required before your application can be voted on

MWLRC Member _____ Signature _____

MWLRC Member _____ Signature _____

All of the information is answered to the best of my knowledge. I agree to abide by the constitution, bylaws, rules, regulations, and policies of the MIDWEST LABRADOR RETRIEVER CLUB.

Applicant Name _____ Signature _____

Applicant Name _____ Signature _____

Please either bring this application to a meeting or mail it to:

Joan Griemann
3091 Jessup Ave
Melbourne, Iowa 50162