

SOUTHERN BERKSHIRE GOLDEN RETRIEVER CLUB

MEMBERSHIP APPLICATION

SBGRC is a very active club dedicated to stimulating interest in the training of Golden Retrievers. Our Headquarters are in the greater Hartford, CT / Springfield, MA area with membership throughout Connecticut and from Western Massachusetts to Hudson Valley, NY. Six meetings are held per year including special programs whenever possible. All members are urged to attend. Our activities consist of AKC Licensed Hunting and Agility Trials, AKC Sanctioned and Licensed Specialty Shows and Obedience Trials, GRCA Working Certificate Tests, Fun Field Trials, Public Education Events, and Field Training Sessions. Because these activities are possible only through an active membership, you will be expected to assist with these events.

Officers:

President: Todd Davis
Vice President: Scott Vierung
Secretary: Dawn Shewchuk
Treasurer: Bob Worrest

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Membership (circle one): Family (\$25) Individual (\$20)

Please tell us about your interest in Golden Retrievers. _____

I am interested in participating in or helping with the following:

<input type="checkbox"/> Conformation events	<input type="checkbox"/> Obedience Events	<input type="checkbox"/> Special Programs
<input type="checkbox"/> Field Events	<input type="checkbox"/> Public Education	<input type="checkbox"/> Correspondence
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Agility Events	<input type="checkbox"/> Newsletter

Other skills I can contribute: _____

I (We) hereby apply for membership in the Southern Berkshire Golden Retriever Club and enclose membership dues for the current year. I (We) agree to abide by the Constitution and Bylaws of the Club and the rules of the American Kennel Club. The club dues year begins on January 1. If membership application is received after October 1, the dues apply for the following year (new members only).

Signature _____ Date : _____

Club member endorsement: _____

Send form with dues to: Christine Marinelli, 12 Beffa Road, Stafford Springs, Ct. 06076
Email: cmarinelli1@cox.net