



**SIERRA VISTA LABRADOR RETRIEVER CLUB
MEMBERSHIP APPLICATION**

Applicant Information

Name(s) _____

Address _____

Phone (hm) _____ (wk) _____ (FAX) _____

E-mail address _____ Kennel Name _____

Dog: Information

Name(s) _____

Date(s) of Birth _____

Gender(s) _____

Breeder(s) _____

Interests:

- _____ Field
- _____ Conformation
- _____ Obedience
- _____ Other

Dues:

- _____ \$30 Single
- _____ \$35 Family
- *****Club Info
- Paid CK# _____ Sent To _____
- Treasurer _____ on _____

Sponsors: Sponsorship by two club members required

(1) _____ (2) _____

Notice: No money will be refunded unless your membership is rejected by SVLRC. The person(s) whose membership is applied for must notify the Membership Chair when the membership requirements are met before a vote will be taken at a General Membership Meeting of the Sierra Vista Labrador Retriever Club. Each applicant must attend one club function (other than the Club's Specialty Match/Show, unless you assist or work at this function) within 6 months of rendering application to Membership Chair.

I, have read and agree to abide by the Constitution, By-Laws, and Breeder's Code of Ethics of the Sierra Vista Labrador Retriever Club, and I agree to abide by the rules of the American Kennel Club.

Signature _____ Date _____

Signature _____ Date _____

Mail Application and Dues to: Wendy Knox, P.O. Box 2421, Marysville, CA 95901
Phone: 530-852-7452 Email: svlrcl@yahoo.com