



Golden Retriever Club of Central New York Membership Application

Please complete this form and sign and mail along with your check payable to GRCCNY for \$25.00 Single Membership, \$30 Household (2) or \$25 Associate to: **GRC-CNY, PO Box 388, Jamesville, NY 13078**
(Note: Applications received after July 1st each year are ½ the appropriate dues.)

Membership Type: ___ Individual ___ Household ___ Associate

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work or Cell Phone: _____

E-Mail _____

Would you like to receive our newsletter *Golden Tales* **electronically** or by **postal service**? (circle one)

Check all that apply: Pet Owner ___ Exhibitor ___ Breeder ___ Kennel Name (Optional) _____

Check your areas of interest: Conformation ___ Obedience ___ Rally Events ___ Breeding ___ Agility ___ Field ___
Tracking ___ Other _____

Please circle any of the following GRCCNY events or positions that you would be interested in working on:
Field Events, Health Clinic, Specialty Show, Meeting Hospitality, Educational Programs, Publicity, Website,
Board of Directors Position/Officer, Newsletter, Mailings, Seminars

What are your reasons for joining GRCCNY? _____

AKC dogs/titles you currently own (use back if necessary): _____

Employment or areas of expertise _____

For Membership, the following information must be read and signed by the applicant:
I (We) agree to uphold the Constitution and By-laws of the GRCCNY and rules of the AKC and to accept as the breed standard for Golden Retrievers the Standard of the AKC as drafted by the Golden Retriever Club of America

Signature of Applicant(s): _____ Date _____

Attendance at two meetings is required for Membership. This requirement must be completed within one year of application. Please refer to the GRCCNY website: <http://www.grccny.org/> for further details concerning membership.

(For GRCCNY Use Only)

Date of Application _____ Date of presentation to Membership _____ Date of Acceptance _____