



AUTUMN VALLEY GOLDEN RETRIEVER CLUB OF THE SOUTHERN TIER
P.O. BOX 779
VESTAL, NY 13850
NEW MEMBERSHIP APPLICATION

Date of Application _____

Name: _____

Address: _____

Phone: Home: _____ Work: _____

Email Address: _____

Occupation(s): _____

Family Members: _____

No. of Golden(s): _____ Other dogs: _____

List of Dog Organizations you belong to or have belonged to:

Kennel Services Rendered:

Have you shown at any Point Shows, Obedience, Agility, Field Trials or Sanctioned Matches? If so, name at least two:

References: (Vets)

Sponsors Approval:

1) _____

2) _____

I have received a copy of the Constitutions, By-Laws and Code of Ethics: _____

Bottom to be filled out by Club Officers

Must attend at least 2 meetings and will be voted on at the third meeting.

Date of meetings attended

1) _____ 2) _____

Individual - - - - \$20.00 ____ Family - - - - \$25.00 ____ Membership is non-refundable

Confirmed by Club Secretary _____

Date Confirmed _____