



CENTRAL OHIO LABRADOR RETRIEVER CLUB

Application For Membership

Date _____
Name _____
Address _____
City _____ State _____ Zip/Postal Code _____
Phone Number _____ E-Mail _____

Single memberships are \$25.00 and Joint Memberships are \$40.00 per year.

One year runs from January to December, so members joining in July or later pay for half a year.

Membership: Single Joint

Interests: Breeding Conformation Field Hunting Obedience

Do you breed or exhibit? Breed Exhibitor

Tell us about yourself, your dog and your reasons for wanting to join the club.

I agree to abide by the Constitution and By-laws and regulations of the Central Ohio Labrador Retriever Club and the American Kennel Club.

[Signature obtained at first meeting]

Signature of Applicant(s)

I am a member of the Central Ohio Labrador Retriever Club and recommend the applicant for acceptance into the club.

[Signature obtained at first meeting]

[Signature obtained at first meeting]

Signature of Sponsor #1

Signature of Sponsor #2

Email completed application to mcbell5871@att.net and mail check, payable to CENTRAL OHIO LABRADOR RETRIEVER CLUB, to our membership director: Chris Bell, 5585 Wilcox Rd, Dublin, OH 43016.