



VALLE DEL SOL GOLDEN RETRIEVER CLUB

Membership Application

Date: _____

Applicant's Name: _____
(Last) (First) (Middle Initial)

Applicant's Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street)

(City) (State) (Zip)

Phone: _____ Email: _____

Membership Fee: (to accompany application)

Family (limited to two voting members)	\$25
Single (one voting member)	\$20
Associate (non-voting member)	\$15

If granted membership, I (we) hereby agree to abide by the rules and regulations of the American Kennel Club and its member club, the Golden Retriever Club of America (GRCA). I (we) further agree to abide by the Constitution and By-laws and all the rules and regulations of the Valle del Sol Golden Retriever Club (VDSGRC).

Applicant's Signature: _____

Applicant's Signature: _____

Application endorsed for Acceptance by: _____
(member in good standing)

Please indicate areas of interest:

Conformation: _____ Field: _____ Jr. Showmanship: _____

Obedience: _____ Education: _____ Agility: _____

Committee work: _____

Other: _____

Please forward this application to the Treasurer with your check made payable to VDSGRC

P.O. Box 73171
Phoenix, Arizona 85050