



Kansas City Golden Retriever Club

Member Club of the Golden Retriever Club of America

New Member Application

Applicant(s) Information

Full Name:	_____	Date of Birth	_____
	<i>Last First M.I. Suffix</i>		<i>Mo/Day/Year</i>
2nd Family Name:	_____	Date of Birth	_____
	<i>Last First M.I. Suffix</i>		<i>Mo/Day/Year</i>
3rd Family Name:	_____	Date of Birth	_____
	<i>Last First M.I. Suffix</i>		<i>Mo/Day/Year</i>
4th Family Name:	_____	Date of Birth	_____
	<i>Last First M.I. Suffix</i>		<i>Mo/Day/Year</i>
Address:	_____		
	<i>Street Address</i>	<i>Apartment/Unit #</i>	

	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Phone Preferred	_____	Email Preferred	_____
Phone (w)	_____	Email (w)	_____
Phone (c)	_____	Email (o)	_____

Type of Membership

Membership:	<u>Individual \$20</u>	Membership:	<u>Family \$25</u>	Club Status:	<u>Active</u>
Membership Month:	_____	Membership Year:	_____		

Interests

Interests:	Agility	<input type="checkbox"/>	Health/Ownership	<input type="checkbox"/>	Dock Diving	<input type="checkbox"/>
	Canine Good Citizen	<input type="checkbox"/>	Hunting/Field Work	<input type="checkbox"/>	Pet Therapy	<input type="checkbox"/>
	Conformation	<input type="checkbox"/>	Junior Showmanship	<input type="checkbox"/>	Rescue	<input type="checkbox"/>
	Education	<input type="checkbox"/>	Obedience	<input type="checkbox"/>	Tracking	<input type="checkbox"/>
	Freestyle	<input type="checkbox"/>	Rally	<input type="checkbox"/>	Organized Play Dates	<input type="checkbox"/>
	Grooming	<input type="checkbox"/>	Pet Activities	<input type="checkbox"/>	Other (note below)	<input type="checkbox"/>

Notes:

*Please share items and
thoughts of interest to
you.*

Are you a Breeder**Circle One:**

Are you a
Golden
Breeder?

Yes
No

Club Info: Breeder Agreement on File: ☐

List your current Family Dogs

Call Name	Full Name of Dog plus any titles	Breed of Dog	Dog's Date of Birth
#1			
#2			
#3			
#4			
#5			

This application is for membership to the Kansas City Golden Retriever Club.

Signature: _____ Date: _____