



# GARDEN STATE GOLDEN RETRIEVER CLUB, INC

## APPLICATION FOR MEMBERSHIP

Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Kennel Name (if any) \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Are you in good standing with the AKC? \_\_\_\_\_ Do you belong to any other dog clubs? \_\_\_\_\_

If yes, please list the clubs and any volunteer service you've given (e.g., assisted at events, served as an officer, etc.)

\_\_\_\_\_

\_\_\_\_\_

Number of Goldens currently owned? \_\_\_\_\_ Number of years with Goldens? \_\_\_\_\_

Other breeds? Which one(s)? \_\_\_\_\_

Activities/Interests:

- |  |                                     |  |  |
|--|-------------------------------------|--|--|
| <input type="checkbox"/> Conformation    | <input type="checkbox"/> Obedience  | <input type="checkbox"/> Field                   | <input type="checkbox"/> Boarding      |
| <input type="checkbox"/> Breeding        | <input type="checkbox"/> Rally      | <input type="checkbox"/> Therapy Dog             | <input type="checkbox"/> Grooming      |
| <input type="checkbox"/> Judging (what?) | <input type="checkbox"/> Agility    | <input type="checkbox"/> SAR (Search and Rescue) | <input type="checkbox"/> Other (what?) |
| <input type="checkbox"/> Tracking        | <input type="checkbox"/> Family Pet | <input type="checkbox"/> Nose Work               |  |

Why do you want to join the Garden State Golden Retriever Club?

\_\_\_\_\_

\_\_\_\_\_

**Please fill in all the information above and bring your application to any GSGRC meeting or event. Our membership chair or any club officer can provide you with a copy of our Constitution and By-Laws, etc. and introduce you to your sponsors.**

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I (we) hereby apply for membership in the Garden State Golden Retriever Club, Inc. and hereby certify that the above statements are true, and 1) that I (we) have received a copy of and agree to abide by its Constitution, By-laws, Principles, Responsibilities and Guidelines, and rules and regulations if elected and agree 2) to have my (our) name(s) published to the membership.

Please enclose your annual dues of \$40.00 for Family Membership or \$30.00 for Single Membership with this application.

Signature of Applicant(s)

Signature of Sponsors (Sponsors may not be related to each other.)

\_\_\_\_\_  
 \_\_\_\_\_  
 1) \_\_\_\_\_  
 2) \_\_\_\_\_

Please note that all applicants must have attended at least one meeting or event before applying for membership. Accordingly, please list the dates of the meeting(s) or event(s) you have attended:

\_\_\_\_\_

Questions? Please contact:

Paul Zurka, Membership Chair  
 31 Revere Avenue  
 Maplewood, New Jersey 07040  
[pzurka@verizon.net](mailto:pzurka@verizon.net)

Date Received \_\_\_\_\_ Notified \_\_\_\_\_  
 Board Approved \_\_\_\_\_ Date Published \_\_\_\_\_  
 Club Approved \_\_\_\_\_ Treas. Notified \_\_\_\_\_  
 Newsletter Editor Notified \_\_\_\_\_