



WILD ROSE RETRIEVER CLUB
MEMBERSHIP APPLICATION

SURNAME _____ FIRST NAME(S) _____

ADDRESS _____ PC _____

PHONE Res _____ Bus _____ Cell _____

E-MAIL _____ CKC# _____ EXPIRY DATE _____

Club Member Sponsor _____

Breed of Dog _____ Number of Dogs _____ Age of Dogs _____

Completed obedience training: ? _____

Where? _____

Interested in Training for : Hunting _____ Hunt Tests _____ Field Trial _____ WC/WX/WI _____

Judging Experience: Hunting _____ Hunt Tests _____ Field Trial _____ WC/WX/WI _____

Titles Acquired with your Dog(s): _____

Are you willing to help out with Trials as a Marshall, Judge, Tailgate dinner, Judges Lunches, Prizes Etc?

Brief Statement of your Background in Dog Training and Expectation:

List Training Equipment you Own:

Starters Pistol _____ E-Collar _____ Dummies _____ Launchers _____

Land to train on: _____

Other

SIGNED _____ DATE _____

MEMBERSHIP COST FOR 2020 IS \$30.00

PLEASE MAKE CHEQUES PAYABLE TO WILD ROSE RETRIEVER CLUB APPLICATION AND PAYMENT TO:

LOIS AITKEN
20154 Township Road 510
Sherwood Park, AB
T8G 1E4