



Training... Testing... Breeding...
Join BRC

PLEASE PRINT:

Name _____

Family Member/s _____

Breed of Retriever Owned _____

Phone (____) _____ Cell(____) _____

E-Mail Address _____

Street _____

City _____ State ____ Zip _____

The applicant hereby agrees to abide by the constitution and by-laws of the Backwater Retriever Club and the rules of The American Kennel Club.

Signature _____ Date _____

To be considered for membership each application must be accompanied by dues for the current year (\$35 Single / \$50 Family) and carry the endorsement of one other member in good standing.

Make Checks Payable to: Backwater Retriever Club

Sponsor Signature _____ Date _____

Review Date _____ Approved _____

Please mail application and payment to:

Susan Lemish
Backwater Retriever Club
2411 S. St. Rd. 9
Albion, IN 46701