

The Golden Retriever Club of Hawaii, Inc.
New Membership Application

NAME: _____ OCCUPATION: _____
NAME: _____ OCCUPATION: _____
ADDRESS: _____
HOME PHONE: _____ BUSINESS PHONE: _____ FAX: _____
E-MAIL ADDRESS: _____

My interest lies in: COMPANION/PET OBEDIENCE TRACKING
CONFORMATION BREEDING

Please indicate type of membership (all applicants must be 18 years or older). Click either the single or family membership box. The program will automatically fill in the correct amount. If you wish to donate to the trophy, rescue or education funds, please type the amount you wish to donate and click anywhere. The amount will be added to the membership amount:

	Amount
Individual Membership: \$15.00/year	Trophy donation _____
Family Membership: \$20.00/year	Rescue donation _____
	Education (Pet Expo) _____

If accepted for membership, I/we hereby agree to abide by the by-laws of the Golden Retriever Club of Hawaii, Inc. (GRCH) and the rules of the American Kennel Club. I further agree to release and hold the GRCH, its agents, employees and/or representatives harmless from any injury, expense, costs or damages to myself, my dog or any handler sponsored by me arising out of my own actions or the actions of my dog. In addition, I agree that I will defend and indemnify the GRCH for any injury, expense, costs or damages to any dog handlers, whether sponsored by me or not, or third parties arising out of my own actions or the actions of my dog. I have read and understand the above-stated provisions and agree to accept those responsibilities.

Enclosed is my check/money order for \$_____ for membership in The Golden Retriever Club of Hawaii, Inc. for the year _____. I understand that the processing of my check in no way automatically implies acceptance to membership. Membership will be voted on at the board meeting following receipt of the application. **(Make checks payable to: The Golden Retriever Club of Hawaii, Inc.)**

Signature: _____ Date: _____

Signature: _____ Date: _____

One GRCH member in good standing must sponsor new membership applicants
Name/signature: _____ Date: _____

Send the completed application with your check/money order to:

GRCH Treasurer
P.O. Box 277
Pearl City, HI 96782

Date Received: _____

Date Accepted/Denied: _____

Date of Notification: _____