



Michigan Chesapeake Bay Retriever Club
Membership Application

Applicant Name _____ Occupation _____
Email _____ Phone _____
2nd Applicant Name _____ Occupation _____
Email _____ Phone _____
Address _____ City _____
State _____ Zip _____ Website _____

****Members agree to abide by the Constitution/By-Laws of the MCBRC and rules of the AKC. ****

Please *Sign* your application and check "Yes" or "No" in response to the following Email Communications
Authorization statement: I AUTHORIZE MCBRC TO SEND CLUB COMMUNICATIONS TO ME BY EMAIL

Applicant Signature 1 _____ Yes ___ No ___

Applicant Signature 2 _____ Yes ___ No ___

Signature Endorsement of two MCBRC Members in good standing are REQUIRED

1 _____ 2 _____

Please check Type of Membership you are applying for and enclose appropriate dues:

___ **Individual Membership - \$25 yr.** For persons at least 18 years of age, with all rights and privileges of membership, including voting privileges and the right to hold office.

___ **Household/Dual Membership - \$30 yr.** Shall comprise two Adult members of the same household meeting the qualifications for individual membership, both individuals shall be entitled to all rights and privileges of membership, including voting privileges and the right to hold office.

___ **Associate Membership - \$15 yr.** - Offered to individuals who are 18 years of age or older who live outside of the club's area and also offered to individuals who live in the club's area but are not active, shall be entitled to all privileges of membership, except the right to vote or hold office. Associate Members will not be able to participate at special membership rates in Club functions nor will they be eligible for special Club awards.

___ **Junior Membership - \$15 yr.** - Open to children under 18 years of age; a non-voting/non-office holding membership which may automatically convert to regular membership at age 18.

Date of Birth (required) _____

Please check all that apply to you: Agility ___ Exhibitor ___ Judge ___ Breeder ___ Dog Owner
Field Trial ___ Hunt Test ___ Obedience ___ Hunting ___ Tracking ___ Other _____

How did you hear about the MCBRC? Website ___ Club Member ___ Other _____

Membership Dues \$ _____ Total Enclosed \$ _____

Make checks payable to MCBRC (U.S. Funds only)
Mail to: MCBRC c/o Dorene Irish - 10082 N. Vassar Rd., Mt. Morris, MI 48458

For Club Use Only: Signature of President: _____ Date: _____