



THE LABRADOR RETRIEVER CLUB OF THE POTOMAC, INC.  
Membership Application

For Office Use Only  
 Work Form  
 Dues

Name (Mr. Mrs. Miss Ms etc.) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Website: \_\_\_\_\_

Business, Profession or Occupation: \_\_\_\_\_

How long have you owned a purebred dogs? \_\_\_\_\_ Which Breeds? \_\_\_\_\_

Have you exhibited in:	Regularly?	Occasionally?
Conformation:	_____	_____
Obedience:	_____	_____
Tracking:	_____	_____
Field Tests:	_____	_____
Hunt Tests:	_____	_____
Rally:	_____	_____
NAHRA Events:	_____	_____
Other:	_____	_____

Why do you want to join the LRCP? \_\_\_\_\_

What is your breeding prefix or kennel name if any? \_\_\_\_\_

Is your breeding prefix or kennel name registered with the AKC? Yes. \_\_\_\_\_ No \_\_\_\_\_

On a separate paper, list the dogs names you currently own/co-own.

Do you do a Dilute Gene test on all your breeding dogs? Yes \_\_\_\_\_ No \_\_\_\_\_

What type of membership are you applying for\* \_\_\_\_\_ Junior \_\_\_\_\_ Full Adult \_\_\_\_\_ Associate

\* see below for details

**Full Adult Members** shall be eighteen years of age and older. Full Adult members are granted full club privileges. In order to maintain Full Adult membership, members are required to work each year at one club function (Spring or Fall Specialty, Hunt Test, B-OB Match, etc.). Issues in fulfilling the work requirement can be resolved by contacting the Membership Chairman to identify a suitable activity to fulfill the requirement. Failure to comply with this annual work requirement can result in transfer from Full Adult to Associate membership status

**Associate Members** are individuals over the age of 18. They do not have to fulfill the work requirement and do not have voting privileges, cannot hold office, and may not compete for internal Club Trophies. Associate Members must pay the same dues as are required of Full Adult membership.

**Junior membership** shall be open to individuals who are under 18 years of age, who have a parent/guardian who is an Adult Member in good standing of the LRCP. Junior Members cannot vote or hold office. Upon reaching 18, Junior Members can apply for Adult Membership. Junior Members are exempt from paying dues.

**Page 2 – The Labrador Retriever Club of the Potomac, Inc. Membership Application**

List all dog clubs in which you are a member or have been a member and indicate any position you have held in those clubs.

Club Name    From - To    Positions Held    From - To

---

Are you an AKC Licensed Handler? Yes \_\_\_\_\_ No \_\_\_\_\_ AKC Judge? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, for what breeds or classes: \_\_\_\_\_

Please indicate how you would *regularly* participate and assist in Club activities on an annual basis:

- |   |  |
|---|--|
| _____ Specialty Show                                | _____ Clerical                         |
| _____ Match Show                                    | _____ Stewarding                       |
| _____ Publicity                                     | _____ Obedience                        |
| _____ Newsletter                                    | _____ Field Work                       |
| _____ Hospitality, refreshments                     | _____ Entertainment (Fun Days/Picnics) |
| _____ Trophies                                      | _____ Educational Programs             |
| _____ Clinics (such as health, general information) | _____ Committee Chair                  |
| _____ Event Chairman                                | _____ General Helper                   |

\*\*\*\*\* By my signature on this application I agree to abide by the By Laws and Standing Rules of the Labrador Retriever Club of the Potomac, Inc. and the rules of the American Kennel Club.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor #1 Signature \_\_\_\_\_ Sponsor’s Name \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

---

Sponsor #2 Signature \_\_\_\_\_ Sponsor’s Name \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

---

\*\*Applicant must complete TWO, 3-4 hours (totally 6-8 hrs) of volunteered worked time; examples are: work the morning of a hunt session; work 2-3 two hour sessions at club table during the Spring Specialty; work 2 hrs cleaning up after Spring Specialty; 2-3 hrs closing club table on last day of Spring Specialty; assist in setup & running silent auction or setting up for Gala; assist with signing in patrons for Gala; help set up any planned event. Online or phone volunteering task. (More examples are available from the Membership Chairperson) Please attach page 3 to your application.

\*\*\*\*\*

Submit application with Membership dues (\$30.00) to:

Membership Chair:  
Lynn Oelrich  
2655 Evershalt Drive  
Goochland, VA 23063  
lzoelrich@yahoo.com

**VOLUNTEERED WORK DOCUMENT**

**Hours Volunteered** \_\_\_\_\_

Name of the event \_\_\_\_\_

Date \_\_\_\_\_

Describe your task:

---

---

---

---

---

---

---

---

Signature of the club member who observed your work:

---



**Hours Volunteered** \_\_\_\_\_

Name of the event \_\_\_\_\_

Date \_\_\_\_\_

Describe your task:

---

---

---

---

---

---

---

---

Signature of the club member who observed your work:

---