



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.

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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
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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 (\$35.00) 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:
