



# CENTRAL KENTUCKY RETRIEVER CLUB

## Membership Application

**Please print this page, complete the application and mail to address below.  
Membership must be renewed annually after January 1 of the coming year.**

Date filing \_\_\_\_\_

Name \_\_\_\_\_

Spouse \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

No. of dogs owned \_\_\_\_\_ Please complete for each dog owned:

Call Name	Breed	Sex	Age

Add any notes you would like in regard to training needs:

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Send application to:

Tim Burdon, Treasurer  
Central Kentucky Retriever Club  
128 Mexico Road Marion, KY 42064  
270-704-3009 [tijojejoly@mchsi.com](mailto:tijojejoly@mchsi.com)