MID-ATLANTIC FLAT-COATED RETRIEVER CLUB (MAFCRC)



New Membership Application

Thank you for your interest in joining the Mid-Atlantic Flat-Coated Retriever Club. Please complete and sign this membership application and submit dues to the club treasurer, Bob Herrington (address at end of application). Additional donations to support club activities are always appreciated.

Primary Contac	t infor	mation:				
Name:						
Address:						
City			Sta	ite:	Zip Code_	
Phone:		Email: _				
Your Flat-Coat(s) info	rmation: If you own mo	ore tha	an 3 please add inf	formation on	the back of this form
#1 Call Name:		Registered Name:		Titles		Sex and age:
#2 Call Name:		Registered Name:		Titles		Sex and age:
#3 Call Name:		Registered Name:		Titles		Sex and age:
Activities that y	ou are	currently doing wit	th yo	ur Flat-coat	1	
Conformation NOHS Obedience Rally Other		Agility Dock diving Nose work Tracking		Fast Cat Therapy Do		
						_
Activities that y	ou are	interested in trying	y with	n your Flat-coa	<u>ıt</u>	
Conformation Handling Obedience Rally Other		Agility Dock diving Nose work Tracking		Fast Cat Therapy Do		s 🗆 🗎
Would you be willing to volunteer to help with club events? ☐ Yes ☐ No						
•	tereste	d in participating on a	a com	nmittee?	□ Ye	es 🗆 No
Comments						

Please include a negregation introducing value of your family and all of your dags. Please he
Please include a paragraph introducing yourself, your family and all of your dogs. Please be
sure to include how long you have owned Flat-coats and what you love about the breed. This information may be used to introduce you to the club in the MAFCRC newsletter. Our newsletter editor
Vivian Koontz will contact you to see if you would like to include a photograph in the next issue.
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Questions: Please provide any additional comments or questions you might have regarding
the club, activities or general FCR questions and someone from the club will contact you.
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Membership:

Membership/ Donation	Amount		
Individual	25		
Family	35		
(same address, one vote per household)			
Donation			
(to support club activities, facility rentals, tent rentals, trainers, equipment rentals, food, etc.)			
Total			
Payment Method	Check	Venmo*	

I/We hereby agree with the mission statement of the MAFCRC

(located on the MAFCRC website www.mafcrc.org/)

Your Signature:	Date:
Additional Member Signature:	Date:
Name of Sponsor:*	
Signature of Sponsor:	Date:
Signature of Sporisor.	Date.

^{*} MAFCRC Board will suggest a sponsor if you don't have one

Thank you for joining and we hope to see you and your Flat-coat soon!

Please make check payable to MAFCRC and mail with form to:

Bob Herrington 7 Haldiman Lane Blairstown, NJ 07825

Phone: 908-878-6349

*For Venmo, please email form to irishome @embargmail.com and submit payment to @Janet-Herrington-5