

THREE RIVERS HUNTING RETRIEVER CLUB

Membership Application

Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
HRC Member # (If Available): _____	Check here if # is pending: _____	
Home Phone: _____	Work Phone: _____	
Cell Phone: _____	Pager: _____	
Fax: _____	Email: _____	
Preferred method of contact: _____		

As with all not-for-profit organizations, we exist because of the **VOLUNTEER EFFORTS** of our membership. **YOUR HELP IS NEEDED AND APPRECIATED.** Please indicate which committee(s) you can serve or what skill(s) you can contribute.

Committee	Check Below	Skill	Check Below
Food & Supplies	<input type="checkbox"/>	Carpentry	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	Welding	<input type="checkbox"/>
Birds	<input type="checkbox"/>	Reloading	<input type="checkbox"/>
Test Grounds	<input type="checkbox"/>	Land Acquisition	<input type="checkbox"/>
Training	<input type="checkbox"/>	Computer	<input type="checkbox"/>
Purchases	<input type="checkbox"/>	Other (Indicate)	<input type="checkbox"/>

Have you passed a Hunter Safety Course? Yes _____ No _____

You must be a member of the Hunting Retriever Club, Inc. (HRC) to join the Three Rivers Hunting Retriever Club. Dues are \$25.00 per year, payable with this application. Thereafter, dues are payable January 1 of each year.

Make checks payable to **THREE RIVERS HUNTING RETRIEVER CLUB**

*I agree to abide by the rules and by-laws of the **Three Rivers Hunting Retriever Club**, the **Hunting Retriever Club** and the **United Kennel Club**. Now, therefore, in the consideration of being allowed to participate in said activities, the undersigned does hereby release and forever discharge the **Three Rivers Hunting Retriever Club**, it's officers, directors, members, participants, spectators, and all land owners who's land they may be using, from any and all manners of action, causes of such action, claims and demands whatsoever, in law or in equity, which may arise now or in the future because of, or pertaining to, the undersigned participation in any of it's activities.*

Applicants Signature: _____ Date: _____

Send application to: Stephanie Bullen 8144 E. County Road Drive Claremore, OK 74019
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Website Members Area Username / Password:
Username: _____
Password: _____