

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: _____ E-Mail: _____

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 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 landowners 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:
 Wally Winters
 1435 SE Valley Rd.
 Bartlesville, OK 74003

Website Members Area Username / Password:
 Username: _____
 Password: _____
