



# MASTER NATIONAL RETRIEVER CLUB

## Membership Application & Notice of Delegate/Contact

Mail to: Frank Barton, 116 Alta Vista Drive, Marion, AR 72364 w/ \$50 Membership Fee payable to  
Master National Retriever Club

The \_\_\_\_\_  
Club Name

wishes to **name** its Delegate and/or Contact. The following person is hereby appointed Delegate until further notice.

Delegate Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

By: \_\_\_\_\_

Club President

Attest: By: \_\_\_\_\_

Club Secretary

**Date of Application:** \_\_\_\_\_

**Note: Both Club President and Secretary must sign**