



# MASTER NATIONAL RETRIEVER CLUB

## New Club Membership Application

Mail to: Frank Barton, 116 Alta Vista Drive, Marion, AR 72364  
Along with \$50 Annual Dues

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:** \_\_\_\_\_

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