

# APPLICATION FORM

## CANADIAN MASTER NATIONAL RETRIEVER CLUB MEMBER CLUB 2007

CLUB NAME \_\_\_\_\_

CLUB SECRETARY \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMAIL \_\_\_\_\_

HUNT TEST CONTACT PERSON (If different than above)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

EMAIL \_\_\_\_\_

NEWSLETTER EDITOR (If applicable) \_\_\_\_\_

EMAIL \_\_\_\_\_

Please send this completed form and a cheque for \$50.00 to:

Joe Bourgeois  
53 Westfield Trail  
Oakville, ON  
L6H 6C5

### NOMINATION FOR REGIONAL DIRECTOR

Please submit the name of an interested person from your region

NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_