



Membership Application

\$30.00 Individual Membership
\$35.00 Family Membership

Dog Name: _____

Dog Breed: _____

Dog DOB: _____

Owner Name(s): _____

Owner Address: _____

Owner Phone: _____

Owner Email: _____

I/we, _____, agree to abide by the
(Name(s))

Constitution and By-Laws of the Charleston Retriever Club.

Signature

Date

Mail Application with Membership Dues to:

The Charleston Retriever Club
506 Woodland Shores Road
Charleston, SC 29412