



## MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

KENNEL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ Website: \_\_\_\_\_

ALTERNATIVE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

The Professional Retriever Trainers Association requires a minimum of three years experience training dogs.

How long have you trained dogs? \_\_\_\_\_ As an Amateur? \_\_\_\_\_ As a pro? \_\_\_\_\_

Are you a full time trainer? \_\_\_\_\_

Do you own or rent grounds? \_\_\_\_\_ Number of acres? \_\_\_\_\_

Are these grounds open to other trainers? \_\_\_\_\_

Are these grounds open for trials/tests? \_\_\_\_\_

Do you run hunt tests or field trials or both? \_\_\_\_\_

Train gun dogs? \_\_\_\_\_

Please enclose a \$25 initiation fee. I hereby agree to abide by the by-laws and the Code of Ethics of the Association.

SIGNED: \_\_\_\_\_

This application must be sponsored by three current members of the Association and approved by the membership at the annual meeting.

MEMBER: (print and sign) \_\_\_\_\_ Date: \_\_\_\_\_

MEMBER: (print and sign) \_\_\_\_\_ Date: \_\_\_\_\_

MEMBER: (print and sign) \_\_\_\_\_ Date: \_\_\_\_\_

Send application to: Marcy Wright 7028 N County Rd 3 Wellington, CO 80549