



Membership Application

Name:		
Address:		
City:	State:	Zip:
HRC Member # (If Available):		Check here if # is pending: <input type="checkbox"/>
Home Phone:		Work Phone:
Cell Phone:		
Email:		
Preferred method of contact		

As with all not-for-profit organizations, we exist because of the volunteer efforts of our membership; your help is needed and appreciated. Please indicate which committee(s) you can serve or what skill(s) you can contribute.

Committee (check all the apply)	Skill (check all the apply)
<input type="checkbox"/> Food & Supplies	<input type="checkbox"/> Carpentry
<input type="checkbox"/> Equipment	<input type="checkbox"/> Welding
<input type="checkbox"/> Birds	<input type="checkbox"/> Reloading
<input type="checkbox"/> Test Grounds	<input type="checkbox"/> Land Acquisition
<input type="checkbox"/> Training	<input type="checkbox"/> Computer
<input type="checkbox"/> Purchases	<input type="checkbox"/> Other (Indicate)

Have you passed a Hunter Safety Course? Yes _____ No _____

Make check payable to: **TEXOMA HUNTING RETRIEVER CLUB**

Send application to:
 Mike Jackson:
 13 NW Lakewood Dr.
 Lawton OK 73505

You must be a member of the Hunting Retriever Club, Inc. (HRC) to join the Texoma Hunting Retriever Club. Dues are \$25.00 per year, payable with this application. Thereafter, dues are payable January 1 of each year.

*I agree to abide by the rules and by-laws of the **TEXOMA Hunting Retriever Club**, the **Hunting Retriever Club** and the **United Kennel Club**. Now, therefore, in the consideration of being allowed to participate in said activities, the undersigned does hereby release and forever discharge the **TEXOMA Hunting Retriever Club**, it's officers, directors, members, participants, spectators, and all land owners who's land they may be using, from any and all manners of action, causes of such action, claims and demands whatsoever, in law or in equity, which may arise now or in the future because of, or pertaining to, the undersigned participation in any of its activities.*

Applicants Signature: _____ Date: _____