



## Horseshoe Hunting Retriever Club Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Dog: \_\_\_\_\_ Name Of Dog: \_\_\_\_\_

Type of Dog: \_\_\_\_\_ Name Of Dog: \_\_\_\_\_

Membership Type (Circle one): Single Family

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**Due to Bill C - 6, Privacy Legislation concerning individuals' personal information, the club is required by law to have you complete and sign the following:**

**Please circle one option in each of the following three questions.**

1) The club on a quarterly basis publishes a newsletter. Do you wish to receive this newsletter or other information from our club? **Yes No**

2) The club publishes a list of members which is mailed to the membership. Do you want your name included on this list? Please note that the club is not responsible should a club member give out your information to a third party. **Yes No**

3) The club often will be asked by a third party (i.e. another club) for our membership list to mail premium lists and other information to our members. Do you want your name shared with a third party? **Yes No**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness signature \_\_\_\_\_ Date \_\_\_\_\_