

Membership Application Form  
Coastal Bend Retriever Club of Texas, Inc.

Date: / /

Your name:

Address:

City, State, and Zip code:

Wife, Husband, or other:

Is this an individual, couple, or family membership?

Your phone #:

Mobile #:

Email address:

(we try to communicate via e-mail when possible)

Dogs name:

What are your goals for your dog?

Have you ever attended an AKC Hunt test? \_\_\_\_\_

Field trial \_\_\_\_\_

Other \_\_\_\_\_

If yes to the above question, please list any experience (such as titling a dog, judging, being on a trial/test committee)

Do you have a training group?

Do you have good training grounds?

What days and times are you available to train?

Other:

Annual Dues are \$25

Send to: CBRC of Texas

P.O. Box 60407

Corpus Christi, TX 78466