



Oak Ridge Pointing Dog, Inc. 2021 Membership Application

Name: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone #: _____
Secondary Email: _____ Secondary Phone #: _____

All club correspondence is done through email

Occupation: _____
Married: yes/ no _____ Spouse Name: _____
Breed(s) of Dogs: _____
Other Club Affiliations: _____
Are you certified to judge? _____

Type of Membership:
Single Membership (\$45.00)
Family Membership (\$50.00)
**Family membership includes spouse and any dependents under the age of 18,
Spouse has full voting rights.*

How did you hear about Oak Ridge?

Sponsor(s): _____
**Please provide the name of a current club member that is willing to sponsor your application . If
you do not know a current member please attend an event or meeting and introduce yourself.*

Membership Requirements:

- Membership requires at least 8 hours of volunteer work a year.
- All new applicants must be present at the monthly membership meeting in order to be approved as a member.

Applicant's Signature: _____ Date: _____

Mail to: Beth McNeish 259 Whippo Avenue Butler, PA 16001
**Please make check payable to: Oak Ridge Pointing Dog Club, Inc.*

Application Approval Date: _____