MAYFLOWER

German Shorthaired Pointer Club

Membership Application

Name(s) _____

Address_____

City_____State Zip_____Phone _____

Kennel Name (if any) _____

Occupation_____

Number of GSP S owned _____(If none please check off box) ☐

Are you registered with AKC? yes no

Would you be interested In: Showing Hunt Test Breeding Pet owner

Hunting Field Trial

Are you a member of any other Kennel Club yes no

Have you held office in that club? yes no What office?

Why do you wish to become a member of the Mayflower GSP Club?_____

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Will you support Club functions by volunteering to work yes no

TYPE OF MEMBERSHIP:

MEMBERSHIP $35.00 (single or family) HONORARY $35.00 (single or family)

I agree to uphold the bylaws of the Mayflower German Shorthaired Pointer

Signed _____ Date _____ ____

Payment must accompany your application, Make checks payable to the Mayflower German Shorthaired Pointer Club

Mail application to:
Jennifer Hazel
126 Rocky Hill Rd.
Rehoboth, Ma. 02769

www.mayflowergsp.com