

MEMBERSHIP APPLICATION

NAME:	DATE:
KENNEL NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
TELEPHONE: ()	
E-MAIL: Website:	
ALTERNATIVE ADDRESS:	
The Professional Retriever Trainers Association requires a min experience training dogs as a professional.	imum of three years
How long have you trained dogs? As an Amateur?	As a pro?
Are you a full time trainer?	
Do you own or rent grounds? Number of acr	es?
Are these grounds open to other trainers?	
Are these grounds open for trials/tests?	
Do you run hunt tests or field trials or both?	
Train gun dogs?	
Please enclose a \$25 initiation fee. I hereby agree to abide by the Ethics of the Association.	ne by-laws and the Code of
SIGNED:	
I acknowledge that I have read and understand the PRTA Code	Of Ethics (initial)
This application must be sponsored by three current members approved by the membership at the annual meeting.	of the Association and
MEMBER: (print and sign)	Date:
MEMBER: (print and sign)	Date:
MEMBER: (print and sign)	Date:
Send application to: Marcy Wright 7028 N County Rd 3 Welling	ton, CO 80549