

**NOVA SCOTIA DUCK TOLLING RETRIEVER CLUB OF CANADA  
MEMBERSHIP APPLICATION & RENEWAL FORM 2010**



NEW MEMBER

RENEWAL

**Membership Type:**

Canada-Individual	\$25 <input type="checkbox"/>	Family	\$40 <input type="checkbox"/>
Jr. Handler with household	\$10 <input type="checkbox"/>	Jr. Handler stand-alone	\$20 <input type="checkbox"/>
United States-Individual	\$30 <input type="checkbox"/>	Overseas-Individual	\$35 <input type="checkbox"/>

**Membership fees are due January 1<sup>st</sup> and are applicable for a calendar year.**

**Dues paid after October 15th are considered for the following year.**

*\*\*A reminder that late renewals may be left off the annual Membership Roster.\*\**

I/We, wish to apply for membership to the Nova Scotia Duck Tolling Retriever Club of Canada in the category indicated above. I/We agree to abide by the Constitution and By-Laws of the NSDTR Club of Canada and to honour its Code of Ethics.

Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Kennel Name: \_\_\_\_\_ Tattoo Combination: \_\_\_\_\_

Registered Name(s) of Toller(s) Currently Owned: \_\_\_\_\_ Call Name(s): \_\_\_\_\_

1. \_\_\_\_\_ 1. \_\_\_\_\_

2. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 4. \_\_\_\_\_

Current Interests: Field  Hunting  Obedience  Conformation  Breeding   
Tracking  Agility  Flyball  Rally-O  Pet Therapy  Other \_\_\_\_\_

**Enclosed:**

\$ _____ Membership Dues	\$ _____ Dobirstein Fund	\$ _____ Health & Genetics Fund
\$ _____ Epilepsy Project	\$ _____ Toller Rescue Fund	\$ _____ <b>TOTAL</b>

Method of Payment:	Card Number:	Expiry Date:	Signature:
<input type="checkbox"/> VISA			
<input type="checkbox"/> MASTERCARD			
<input type="checkbox"/> cheque	Please make cheques payable in Canadian funds to the "NSDTR Club of Canada"		

- If you require a receipt, please include a Self Addressed Stamped Envelope.
- mail application forms along with applicable funds to: *Lyne O'Connor, 514 Cheryl Place, Kingston, ON K7K 0B2*
- You may contact Lyne at (613) 531-5331 or at *membership@toller.ca*