

# 2020 Wagon Wheel Riding Club Membership Application

Member's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Children living in household: (Put the age they are as of January 1, 2020)

\_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Complete Mailing Address

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Dues are \$75.00 per family (paid in full or two \$37.50 installments). Failure to have dues paid in full by third month will cause forfeiture of all points earned by members listed on the membership. To carry over lifetime points each year, members must maintain a continuous club membership. If membership lapses for a year, member will start with 0 (zero) points upon payment of new club membership.

**Initial & sign. If under 18, parent or legal guardian must sign!**

\_\_\_\_\_ I hereby agree not to hold the Wagon Wheel Riding Club responsible in any way for any injuries my family might receive while participating in any club related activities.

\_\_\_\_\_ I will supply a negative coggins to the secretary to keep on file. Coggins report will be provided for all horses brought to WWRC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Completed by Treasurer or Secretary

Membership Paid:

Received Coggins on \_\_\_\_\_

In Full \_\_\_\_\_

1<sup>st</sup> Pymt \$37.50 \_\_\_\_\_

2<sup>nd</sup> Pymt \$37.50 \_\_\_\_\_