

Copper Basin Riding Club

Membership Application

Membership Fee: \$20.00 per year - per family

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

TELEPHONE: _____ CELL: _____

EMAIL ADDRESS: _____

ALTERNATE EMAIL: _____

MEMBERSHIP TYPE: Family _____ Individual _____

PAID BY: _____ Check _____ Cash PAID ON _____

(Date)

FAMILY MEMBERS INCLUDED IN MEMBERSHIP:

(Age if under 18)

Name Age

Name Age

Name Age

Name Age

Name Age

How many horses do you have? _____

Type: _____

Would you be willing to assist in any of the below areas?

concession _____ registration _____ admissions _____ work day _____

Full time _____ Part time _____ As needed _____

Signature

Date