

**Copper Basin Riding Club**

P.O. Box 164

Ducktown, TN 37326

**Membership Application**

Membership Fee: \$20.00 per year - per family or individual

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ALTERNATE EMAIL: \_\_\_\_\_

MEMBERSHIP TYPE: Family \_\_\_\_\_ Individual \_\_\_\_\_

FAMILY MEMBERS INCLUDED IN MEMBERSHIP: \_\_\_\_\_  
(Age if under 18)

\_\_\_\_\_  
Name Age

\_\_\_\_\_  
Name Age

\_\_\_\_\_  
Name Age

\_\_\_\_\_  
Name Age

\_\_\_\_\_  
Name Age

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

PAID BY: \_\_\_\_\_ Check \_\_\_\_\_ Cash PAID ON \_\_\_\_\_  
(Date)

