

CANNON FALLS RIDGE RIDERS SADDLE CLUB
APPLICATION FOR MEMBERSHIP

Application Year
Dues Paid
Date Paid
Year Joined Club

LAST NAME

Date

FIRST NAME

SPOUSE'S NAME

YOUR DATE OF
BIRTH

SPOUSE'S DATE OF BIRTH

CHILDREN:

1

DATE OF BIRTH

2

DATE OF BIRTH

3

DATE OF BIRTH

4

DATE OF BIRTH

5

DATE OF BIRTH

ADDRESS:

CITY

STATE

ZIP

HOME PHONE

E-MAIL
ADDRESS

DAY PHONE

FAMILY
MEMBERSHIP -

\$25.00

SINGLE
MEMBERSHIP -

-
\$15.00

New memberships and renewal memberships are due at our
January meeting.
Applicant agrees to hold the Cannon Falls Ridge Riders faultless and
blame free
for any injury or damage sustained by him/her or any of their
family members
while participating in club sponsored events.

Date
Signature of Applicant

Please return this form to Treasurer when paying your dues.

The WSCA requires that you complete all information requested above. Please check to be sure that it is all correct

Check if you are interested in any of the following events:

_____	Trail Rides	Fun Shows	Ride Games
_____	Parades	Charitable Events	Ride Pleasure
_____	Camping	Clinics	Other Events