



**CHILLIWACK RIDING CLUB
2010 MEMBERSHIP APPLICATION FORM**

NAME: _____

ADDRESS: _____

(Street)

(City)

(Postal Code)

TELEPHONE: _____

EMAIL: _____

(for newsletters)

SINGLE: _____

FAMILY: _____ (must reside at same address, all children must be under 18 years as of Jan. 1st)

LIST FAMILY MEMBERS and Date of Birth for under 18.

HORSE COUNCIL BC _____ **REQUIRED**
VISUAL PROOF OF HORSE COUNCIL IS REQUIRED BEFORE YOUR MEMBERSHIP IS VALID

I hereby certify that I agree to abide by the constitution and by-laws of the Chilliwack Riding Club, and the rules and regulations made by the directors of the Chilliwack Riding Club.

Furthermore, I acknowledge that some of the activities sponsored or attended by myself at the Chilliwack Riding Club are potentially dangerous and involve the risk of harm to my property and myself. Accordingly, in consideration of acceptance of my application for membership in the Chilliwack Riding Club, I acknowledge such risks and hereby release the Chilliwack Riding Club and its directors from any liability whatsoever it may have to myself, my property, or stock in any manner whatsoever.

Furthermore, with respect to the operation of the Chilliwack Riding Club and any decisions made at General Meetings or by the Directors, that these decisions shall be final and binding upon me.

I confirm that in order to be accepted as a member of the Chilliwack Riding Club, that I must obtain Horse Council of B.C. and provide proof of Membership together with my Chilliwack Riding Club membership application form.

Single \$30.00 _____ Barn use (Jan-Apr.): \$50.00 _____ (Oct.-Dec.): \$30.00 _____

Family \$45.00 _____ Barn use (Jan-Apr.): \$75.00 _____ (Oct.-Dec.): \$50.00 _____

Fee paid of \$ _____ for membership for the year 2010. _____ Barn Use 2010

Dated this _____ day of _____ 20__.

Signature of Member

Witness

Mail completed form and cheque made out to *Chilliwack Riding Club* to:

Starr Lange, 49588 Prairie Central, Chilliwack, BC, V2P 6H3