



CHILLIWACK RIDING CLUB
2012 MEMBERSHIP APPLICATION FORM



NAME: _____

ADDRESS: _____
(Street) (City) (Postal Code)

TELEPHONE: _____

EMAIL: _____
(to receive newsletters)

SINGLE: _____

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

LIST YOUR OWN HCBC # BELOW AND/OR FAMILY MEMBERS include Date of Birth.

_____ DOB _____ HCBC# _____

_____ DOB _____ HCBC# _____

_____ DOB _____ HCBC# _____

_____ DOB _____ HCBC# _____

By signing this, I hereby, certify that I, and all or any family members listed, 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. Membership applicants must be a member in good standing to receive a renewed membership.

Furthermore, I acknowledge that some of the activities sponsored or attended by myself and/or my family members, at the Chilliwack Riding Club are potentially dangerous and may involve the risk of harm to myself and/or property. 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, and/or my family, my property, or livestock 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 myself.

I confirm that in order to be accepted as an active member of the Chilliwack Riding Club, that I must have current up to date Horse Council of B.C. insurance and provide proof of Membership together with my Chilliwack Riding Club membership application form. As I understand as a riding member, and agree to the required HCBC membership prior to any participation of any Chilliwack Riding Club events.

COPY OF 2012 HCBC MEMBERSHIP(S) ATTACHED Yes ___ or No ___

Single Membership \$30.00 _____ Family Membership \$45.00 _____

If no email address – postal mail newsletter yearly subscription \$12.00 _____

Fee paid of \$ _____ for membership for the year 2012. TOTAL AMOUNT \$ _____ CHEQUE ___ OR CASH ___

Equine Interests: Horse Shows - English or Western ___ Hunter/Jumper ___ Eventing ___ Gymkhana ___ Reining ___
Barrel Racing ___ Cattle Penning ___ Ranch Sorting ___ Trail Riding ___ Training ___ Other (name other) _____

Dated this _____ day of _____ 2012.

Signature of Applicant (or Parent/Guardian if **under** 19 years of age)

Mail completed membership form, cheque made out to **Chilliwack Riding Club** and **copy of HCBC** to:
Lorraine Baxter, c/o Chilliwack Riding Club, 5844 McCallum Rd., Agassiz, BC, V0M 1A3
(Revised January 15, 2012)

CHEQUE# _____