



# Westfield Riding Club Membership Application

29 Fowler Road :: P.O. Box 8092 :: Westfield, MA 01086

To renew or become a NEW member of the Westfield Riding Club, complete this application and return it with payment for the annual dues to **Westfield Riding Club, P.O. Box 8092, Westfield, MA 01086**. If you prefer you can apply online and pay with PayPal at [www.westfieldridingclub.org/membership](http://www.westfieldridingclub.org/membership).

## Contact Information

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_  Home  Cell  Work

Secondary Phone: \_\_\_\_\_  Home  Cell  Work

Email Address: \_\_\_\_\_

OK to include personal information on the Club distribution list for members?  Yes  No

## Membership Information

Choose the type of membership you want:

- Junior** (One person under 18 years of age) — \$10.00
- Individual** (One person over 18 years of age) — \$20.00
- Family** (Parent(s) and any of their children under 18 years of age) — \$30.00
- Trail Rider (Trail ride access only)** — \$15.00

## Liability Waiver

I understand fully that participation in activities involving horses involves high risk that could result in serious injury or death. I hereby acknowledge that I am participating at my own risk and agree to make no claims against the Westfield Riding Club, Inc. nor against any of its officers, members or land owners, (which members are permitted to pass), or for any damage, injury or loss which may occur to myself, my horse or any vehicle or other property I may have with my horse.

## Signatures

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by Parent if under 18 yrs old: \_\_\_\_\_

Please mail your completed form and a check for your membership dues to **Westfield Riding Club, P.O. Box 8092, Westfield, MA 01086**

Office use only: Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_