

2017 CLUB MEMBERSHIP FORM

SEND COMPLETED FORM ALONG WITH **ONE CHECK** FROM CLUB ACCOUNT TO:
 WSH MEMBERSHIP CHAIR, TERI BLAIR, 22313 139th AVE CT E - GRAHAM WA 98338

CLUB NAME: _____

CLUB SECRETARY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL: _____

MEMBERSHIP DUES:

- \$22** INDIVIDUAL / 100% CLUB
- \$31** FAMILY / 100% CLUB
- \$25** INDIVIDUAL / AFFILIATE CLUB
- \$41** FAMILY / AFFILIATE CLUB
- \$15** YOUTH / When joining without any other family member



AMOUNT ENCLOSED: _____

CHECK NUMBER: _____

Beginning in 2016, ten percent (10%) of your WSH dues will be given to your choice of one of following major divisions (Horse Show, Trails and Pleasure, Western Games, or Working Horse). Which ONE major division would you like a portion of your dues to support? _____

N / R (N = New Member, R = Returning Member)

LAST NAME:	FIRST:	PHONE:
ADDRESS:	CITY / ST / ZIP:	
BIRTHDATE (If 17 and Under):	E-MAIL:	DUES:

LAST NAME:	FIRST:	PHONE:
ADDRESS:	CITY / ST / ZIP:	
BIRTHDATE (If 17 and Under):	E-MAIL:	DUES:

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PAGE #: _____

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