

2019 CLUB MEMBERSHIP FORM

SEND COMPLETED FORM ALONG WITH **ONE CHECK** FROM CLUB ACCOUNT TO:
MEMBERSHIP CHAIR, KAMIE McDOWELL, 33515 SE 301ST ST - RAVENSDALE WA 98051

CLUB NAME: _____

ZONE: _____

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: _____

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

List "N" for New Member or Their WSH # if Renewing

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

LAST NAME:	FIRST:	PHONE:
ADDRESS:	CITY / ST / ZIP:	
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CLUB NAME: _____

PAGE #: _____

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