

2021 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 through a WSH-Recognized Club:



\$22 INDIVIDUAL

\$31 FAMILY*

\$22 FAMILY* (New WSH Members)

\$15 YOUTH / When joining without any other family member

*Family membership is defined as any one or two adults acting as head(s) of household and children age 18 or younger or through 23 years of age and enrolled in a school of higher learning. This would also include any impaired adults with adult caregivers of the same family.

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: | |
| BIRTHDATE (If 17 and Under): | E-MAIL: | DUES: |

| | | |
|------------------------------|------------------|--------|
| 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: |

CLUB NAME: _____

PAGE #: _____

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: | |
| BIRTHDATE (If 17 and Under): | E-MAIL: | DUES: |

| | | |
|------------------------------|------------------|--------|
| 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: |

| | | |
|------------------------------|------------------|--------|
| 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: |

| | | |
|------------------------------|------------------|--------|
| 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: |

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