

2024 CLUB MEMBERSHIP FORM

SEND COMPLETED FORM ALONG WITH **ONE CHECK** FROM CLUB ACCOUNT TO:
MEMBERSHIP CHAIR, JANET EDWARDS, PO BOX 295 - COLBERT WA 99005

CLUB NAME: _____

ZONE: _____

CLUB SECRETARY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL: _____

Membership Dues through a WSH-Recognized Club:



\$22 INDIVIDUAL

\$31 FAMILY*

\$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 ages 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 "P" for Primary Member (if joining as a family)

LAST NAME:	FIRST:	PHONE:	WSH #:
ADDRESS:	CITY / ST / ZIP:		
E-MAIL:	BIRTHDATE (If 23 and Under):	Relationship to Primary*:	

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

PAGE #: _____

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