

2025 CLUB MEMBERSHIP FORM

SEND COMPLETED FORM ALONG WITH **ONE CHECK** FROM CLUB ACCOUNT TO:
MEMBERSHIP CHAIR, JANET EDWARDS, PO BOX 295 – COLBERT WA 99005-0295

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 age 18 or younger or through 23 years of age and enrolled in a school of higher learning **living at the same address**. Membership for youth ages 19-23 must identify the school of higher learning that the student is attending. Impaired adults with adult caregivers of the same family are eligible for a family membership.

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).

Space is included for up to 3 children living in the Primary's household. If more than 3, repeat Primary's name in next set.

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| PRIMARY'S LAST NAME: | | FIRST: | PHONE: | WSH #: |
| SPOUSE / PARTNER'S LAST NAME: | | FIRST: | PHONE: | WSH #: |
| ADDRESS: | | CITY / ST / ZIP: | | |
| E-MAIL: | | | | |
| CHILD'S NAME #1: | BIRTHDATE (If 23 and Under): | SCHOOL (Those 19-23): | WSH #: | |
| CHILD'S NAME #2: | BIRTHDATE (If 23 and Under): | SCHOOL (Those 19-23): | WSH #: | |
| CHILD'S NAME #3: | BIRTHDATE (If 23 and Under): | SCHOOL (Those 19-23): | WSH #: | |

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Club Secretaries – If members joining are individuals (either youth or adult, please utilize this page). Do NOT use for family memberships.

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