## **Richland Riders Club**

## 2024 Membership Application/Yearly Renewal Form

PO Box 613 Richland WA 99352-0613 Cell 509-440-5957

(Check One)Membersh	ip application (enclo	se \$25.00 initiat	tion fee)M	lembership Rene	ewal
Membership type (check o	ne): Famil	y Membership	Indiv	idual Adult Men	nbership
Individual Adult Single Me	mbership: membersh	nip for one (1) p	erson aged e	ighteen (18) or o	ver.
Family Membership: comp home to the age of eightee their senior year of college	en (18) or students up				
List adult(s) full Names:					
List dependent children &	birthdate(s):				
reet Address:		Phone:			
City:	State:	_ Zip:	_ Email:		
Horse Trailer Model	Style	<b>;</b>		License #	·
(Check One)I Do	_I Do Not, require a	place to park m	y horse traile	r on the RRC clເ	ıb grounds.
Membership dues: \$175.00, prorated balance (rate card annual dues on May 1 of each approved.  Please Initial: I understand that failutaken by the Board of Diredues I understand that I am rany Richland Riders Club	on web page) of first year. In the subsequent year, which may include the subsequent year.	ear's dues payab nitiation fee and ound Rules and lude cancellation	ble upon board dues payment I Bylaws may on of my mem s I bring to the	approval of mem is refunded if me result in active in bership without e Richland Rider	mbership, and embership is not measures refund of rs Club or to
RELEASE: By my signatu representatives, employee and agree to hold the club fully aware that horse sporioining they expressly hold including for any injury or injury or loss resulted, directors or agents of the elements.	s, and agents: Agree , their officials and di rts and competition in d harmless any and a loss suffered during ectly or indirectly, fro	to be bound by rectors harmles nvolve inherent Il directors and or in connectio	y the ground it is for any act it dangerous rill agents from on with the clu	rules and bylaws ion taken; Agre sk of injury or d and against all d ib, whether or no	s of this club, e that they are eath, and by claims ot such claim,
Signature of adult applicar	nt(s)/member(s):			Date	
Note: Membership list will excluded:					
Club use only: Initiation					

Club use only: Revised 03/2024