

# Richland Riders Club

## Membership Application/Renewal

PO Box 613  
Richland WA 99352-0613

(Check one)  Membership application (enclose \$50.00 initiation fee)  Membership Renewal

Membership type (check one):  Family  Individual Adult

List adult(s) full names: \_\_\_\_\_

List dependent child(ren) & birthdate(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Membership dues: \$100.00/year family, \$75.00/year Individual Adult, May 1 – April 30, prorated balance (rate card on second Page) of first year's dues payable upon board approval of membership, and annual dues on May 1 of each subsequent year. Initiation fee and dues payment is refunded if membership is not approved.

Please initial:

I understand that failure to abide by the Ground Rules and Bylaws may result in active measures taken by the Board of Directors, which may include cancellation of my membership without refund of dues.

I understand that I am responsible for the conduct of guests I bring to the Richland Riders Club or to any Richland Riders Club function.

**RELEASE:** By my signature below I agree and affirm that all members for themselves, their principles, representatives, employees, and agents: Agree to be bound by the ground rules and bylaws of this club, and agree to hold the club, their officials and directors harmless for any action taken; Agree that they are fully aware that horse sports and competition involve inherent dangerous risk of injury or death, and by joining they expressly hold harmless any and all directors and agents from and against all claims including for any injury or loss suffered during or in connection with the club, whether or not such claim, injury or loss resulted, directly or indirectly, from the negligent acts or omissions of said officials, directors or agents of the club.

Signature of adult applicant(s)/member(s): \_\_\_\_\_ Date \_\_\_\_\_

Signature of sponsor (membership application only): \_\_\_\_\_

**Note: Membership list will be made available to members. Check if you wish to be excluded:** \_\_\_\_\_

Please notify me of events/clinics/shows on the following areas (check those of interest):  Dressage  
 Hunter/Jumper  Eventing  Playday/Fun  Western/Western Pleasure  Natural Horsemanship

Other, describe: \_\_\_\_\_

Club use only:  Initiation fee paid  Membership dues paid  Board approval date  Ground Rules mailed or provided

Revised 04/2011