

Membership Form

W P H Riding Club

Personal Information

Full Name	:	<input type="text"/>
Birth of Date	:	<input type="text"/>
Full Address	:	<input type="text"/>
City	:	<input type="text"/>
Horses name	:	<input type="text"/>
Email	:	<input type="text"/>
Phone Number	:	<input type="text"/>
Parent/ Guardian	:	<input type="text"/>
Payment Method (\$15)	:	<input type="text"/> Cash/Check/CC CC #: CID #:

Type Of Membership

*Choose your type of membership

19 and over 14-18 13 and under 10 and under Green w/t

Shows interested in attending

Jan 14 Feb 25 Mar 24 Apr 28 June 23 July 21 Sep 15 Oct 27

Term & Condition

This membership is valid as of / /2024

Membership includes eligibility for series

High Point Awards and Year End Awards.