

West Coast Rocky Mountain Horse Club

A RMHA inc. Affiliated Club

Application for Membership

Membership year is Jan.1-Dec.31

I would like to (re) apply for membership in the West Coast Rocky Mountain Horse Club

_____ **Junior Membership** 1yr.\$10.00/2yr.\$20 (under 18 yrs. Old)
(circle one)

Parent's Signature _____

_____ **Single adult Membership** 1 yr. \$15.00/2 yr.\$30 (over 18 yrs. Old)
(circle one)

_____ **Family Membership** 1yr. \$25.00/2 yr.\$50 (circle one) (two adults in the same household and children under 18.) Please list all members of your family. Unlisted members will not be eligible for privileges.

Please Print.

Name: _____ (Month/day of birth) _____

Spouses Name: _____ (Month/day of birth) _____

Family Members (children under 18) _____

Mailing Address: _____

Telephone Number () _____

Fax Number () _____

E-Mail Address (Please Print) _____

Signature _____ **Date** _____ **Amount submitted \$** _____

Membership in the West Coast Rocky Mountain Horse Club (WCRMHC) is offered to all persons who own a Rocky Mountain Horse or who are interested in the breed. By tendering payment for membership in the WCRMHC I/We agree to abide by the by-laws, rules and regulations of the Rocky Mountain Horse Association (RMHA) and the WCRMHC. I/We further agree to accept the ruling by the Executive Board or it's representatives in all disciplinary matters. I/We further release the officers and members of the Board of Directors and their employees/agents from any liability as a result of them carrying out their duties for the WCRMHC, except for criminal or malicious acts or omissions by them.

Mail completed application with check made out to "WCRMHC" to: WCRMHC 122 Coralitos Rd. Arroyo Grande, Cal. 93420.

(Rev. 8-10-08)

Office Use: ch# _____ Total _____

cash _____ Total _____

Date Entered on: Member Roster _____

Address Book _____ E mail List _____

Welcome e-mail sent: _____