BROKEN WHEEL RIDING CLUB



Application for Membership - 2017

New	Evicting	(chack and
New	Existing	(check one)

Membership runs from January 1 - December 31, 2017					
Make checks payable to: Bl	ROKEN WHEEL RIDING CLUB				
Mail to: Treasurer Bernade	ette Bomber, N4050 Winwood Co	urt, Appleton, V	NI 54913		
		Date of App	olication:	_	
Name:					
If this is a family membership membership form).	, please list other family members	that are joining;	; (if they're 18 or older, they need the	ir own	
				-	
Complete Mailing Address:			Please check if (address, phone # or e-mail change)		
Phone:	Cell Phone:				
E-Mail Address:					
How many horses do you owr	n: S	ets of parade ge	ear you presently have:		
for injuries or accidents as		of the Wisconsi	Broken Wheel Riding Club responsi in Statutes. All minors age 17 and		
	Signature:				
	Parent Signature if under 18:		<u>-</u>		
FEE: \$10 single	(*Treasurer use only	Check #	Cash		
\$20 family	Recei	ived by:	Date		

BOARD OF DIRECTORS, BROKEN WHEEL RIDING CLUB