

BROKEN WHEEL RIDING CLUB



Application for Membership - 2019

New _____ (check one) _____

Membership runs from January 1 - December 31, 2019

Make checks payable to: **BROKEN WHEEL RIDING CLUB**

Mail to: Treasurer Holly Fischer W4098 Kropp Road, Black Creek, 54106

Date of Application: _____

Name: _____

If this is a family membership, please list other family members that are joining; (if they're 18 or older, they need their own membership form).

Complete Mailing Address: _____

Please check if
(address, phone #
or e-mail change)

Phone Cell Phone: _____

E-Mail Address: _____

How many horses do you own: _____ Sets of parade gear you presently have: _____

Due to the risks of equine events, members or participants would not hold Broken Wheel Riding Club responsible for injuries or accidents as defined in section 895.481(1)(E) of the Wisconsin Statutes. All minors age 17 and under are required to wear a helmet at all club activities while on a horse.

Signature: _____

Parent Signature if under 18: _____

FEE: \$10 single _____
\$20 family _____

(*Treasurer use only . . . Check # _____

Cash _____

Received by: _____

Date _____

BOARD OF DIRECTORS, BROKEN WHEEL RIDING CLUB