Cherry Valley Riders

Membership Application

P.O. Box 87 Duvall, WA 98019 www.cherryvalleyriders.org

Annual Dues: No	ew 🗆 Renewal 🗆		
	Family \$40.00 ar. Memberships obtained after	r Ocrober 1 will include the fe	ellowing year)
Name	2 nd	Adult	
Child Age _			
Address			Are
City	State Zip		
Home Ph	Cell Ph	Work Ph	1: 11
E-Mail address	2ND	E-Mail	Part I have been a second
Name of member refer	red by;	- 10 A T - 1	
I Do Do not Down			Bank
I Do Do not Dhave	transportation		
Breed Affiliation(s)	•		
	Arabian, Quarter Herse, Mon		to the second selection
Discipline(s)		The state of the s	-
	. Western, English, Trail, Show		to the party and the
Areas of interest that r	nember would like to a	ctively participate in.	
☐ Trails Rides	☐ Trail Maintenance	□ Club Officer	
☐ Campouts	☐ Parades	□ Web site	
🗆 l'laydays	☐ Prize Rides	□Membership	
□ Rodeos	☐ Clinics	☐ Community Service	
Liability Rolease Agreer I do hereby waive any any activities sponsored by the said rides and/or activitie friends will ever take recorder to loss of life of rider(s) or read, understand, and withe individuals listed are parent/guardian and have	d all liability against per the Cherry Valley Riders of es are held. Further, the turse against this club of horse(s) or damage of p ill comply with this agre- under the age of 18 year	or owners of real propert at not I nor any of my re rany member or officer property and let it be knowners. I also understan- ty, I am signing as their	ty upon which clatives or for any injury own that I have d that if any of
All members 18 years o	of age and older must	sign below:	
Signature			
Date			