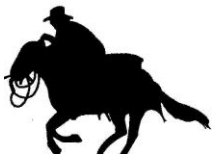




Shelby County Western Riders Membership Application



Name: _____

Name: _____

Address: _____

Phone: (_____) _____

Email: _____

Membership dues of \$12.50 per person are due January 1st of each year. Dues paid after March 1st will be \$17.50 (Excluding new memberships).

I hereby release and hold harmless the Shelby County Western Riders, its officers, directors and members from any claim, legal liability, legal action or right for damages, for any accident which may occur to me, my equine animal or my personal property while attending an event sponsored by or on the property of the Shelby County Western Riders.

Signature

Date

Please fill this out for Junior Members

Name: _____

Name: _____

Address: _____

Phone: (_____) _____

Email: _____

Sponsor: _____

Membership dues of \$1.00 per youth are due January 1st of each year.

I hereby release and hold harmless the Shelby County Western Riders, its officers, directors and members from any claim, legal liability, legal action or right for damages, for any accident which may occur to my dependant, his/her equine animal or his/her/my personal property while attending an event sponsored by or on the property of the Shelby County Western Riders.

Signature of legal guardian

Date

Please mail form to:
Bill Taylor, Treasurer
1612 E Freeport Road
Morristown, IN 46161

The SCWR newsletter is published each month on our website at <http://www.westernridersonline.org>
As part of your membership, you will receive the newsletter each month. Please indicate your preference:
 As an email attachment (PDF format)
 Hard copy in the mail.