

**LEHIGH RIDING CLUB, INC.  
MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\_\_\_\_\_ Individual Membership - \$20.00 per year

(Person 18 years of age and over)

\_\_\_\_\_ Family Membership - \$25.00 per year

(Two adults over the age of 18 residing at the same address, parent(s), guardian(s) and children under age 18 from the immediate family)

Individuals desiring membership shall complete this application, complete the club's Release and Hold Harmless Agreement, and pay their membership fees at a regular club meeting. An active club member should participate in at least 50% of the club's meetings, work details (for general grounds keeping or for show preparation), volunteer at shows and recreational activities.

Due to high insurance costs, we are only insured to cover riders on the Lehigh grounds on **SHOW DAYS. LEHIGH MEMBERS** may ride on Lehigh grounds on non show days and do so at their own risk. Member use of the show grounds for leisure purposes is done in accordance with Article X of the Constitution.

I have read and understand the above written form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Names of Individuals in a Family Membership:

_____	_____
_____	_____
_____	_____