High Country Working Equitation

2018 Membership Form January 1st, 2018 – December 31, 2018)

*Note: The attached Liability Release Form, which includes a media release clause, must be signed and sent in with the membership application.



www.highcountryworkingeguitation.com

Turne of Marsharchin (Diagon shook)	the engrappiete have	□ New Membership □ Renewal
Type of Membership (Please check t	, ,	·
Membership Options (Please check	the appropriate box):	□ \$50 Individual □ \$75 Family
Name (For family memberships, please list all family members):		
-		
Address:		
City:	State: Zip co	ode:
Phone Number: E-Mail Address:		
Emergency Contact Name:		Phone:
Preferences (Please check the appropriate box):		
Please send me updates and newsletters via e-mail.		□ YES □ NO
■ I agree that my information can be published in a club directory. □ YES □ NO		
Committee Opportunities: (Mark any you would like to work on)		
Membership:	Shows:	Clinics:
Newsletter:	Sponsorships:	_ IT:
Community Outreach:	Youth Program:	_
Payment Enclosed: Check #	in the amo	ount of \$
Make checks payable to: High Country Working Equitation		
RETURN TO:	High Country Worki PO Box 1713 Berthoud, CO 80513	
For Questions call: 970-535-0141		