

## Dwyer Hill Riding Club 2025 Membership Application

Complete application using "fill and sign" and email to (include password for e-transfer) [dwyerhillridingclub@gmail.com](mailto:dwyerhillridingclub@gmail.com) OR  
bring completed application with payment OR proof of e-transfer to the first show

Make cheques payable to **Dwyer Hill Riding Club**  
For e-transfers, email [dwyerhillridingclub@gmail.com](mailto:dwyerhillridingclub@gmail.com)

### PLEASE CHECK ONE MEMBERSHIP LEVEL BELOW

<input type="checkbox"/>	Single membership \$40	<input type="checkbox"/>	Family membership \$85
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### CONTACT INFORMATION

Surname:		
Phone: (      )	Email:	
Address:		
City:	Province:	Postal code:
Stable Name:		

### MEMBERSHIP NAMES (Birth date for youth members ONLY is requested)

Family member #1	Birth date:
Family member #2	Birth date:
Family member #3	Birth date:
Family member #4	Birth date:
Family member #5	Birth date:

### CLUB INTERESTS

<input type="checkbox"/>	Club Points	<input type="checkbox"/>	Clinics (type _____)	<input type="checkbox"/>	Social BBQ
<input type="checkbox"/>	Love Horses	<input type="checkbox"/>	Trail Riding	<input type="checkbox"/>	Volunteer Work

### SIGNATURES

I, the undersigned, agree to abide by the rules and regulations of the constitution of  
the Dwyer Hill Riding Club

Signature of Applicant:	Date:
Signature of Parent/Guardian: (if applicant is 18 years of age and under)	Date:

For DHRC constitution, events and contact information, visit us on [Facebook](#)