

# GOOD FELLOWSHIP RIDING CLUB MEMBERSHIP FORM 2024

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE # \_\_\_\_\_

Do you wish to receive updates by text ( yes or no )

Do you wish to receive the newsletter ( yes or no )

If yes How (email or mail )

**A \$5.00 late fee for exsisting members if not paid by April 1**

## **FAMILY MEMBERSHIP \$30.00**

(Marital persons /Parent / Guardians & children under 17 yrs of age as of Jan 1 living in the household)

## **SINGLE MEMBERSHIP \$20.00**

( Person over the age 18 as of Jan 1 )

**POINTS- \$30.00 X \_\_\_\_\_ = \_\_\_\_\_**

**( Each rider & Horse combination)**

## **FAMILY MEMEBER**

Self \_\_\_\_\_ DOB \_\_\_\_\_

Spouse \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Additional children please add to bacj of page )

Make check payable to : Good Fellowship Riding Club

Mail to : P.O. Box 361, Birdsboro, Pa. 19508

TOTAL : \_\_\_\_\_