

LANGLEY RIDERS SOCIETY MEMBERSHIP APPLICATION 2010

MAIL TO: Petra Hegedus, 22723 38th Avenue, Langley, BC, V2Z 2G9

Date received: _____

Family Membership: \$60.00
Individual Membership: \$45.00

Amount Enclosed: _____ please check one : Cash Cheque Post dated cheques

I/we wish to make application for membership in the LANGLEY RIDERS SOCIETY for the year ending December 31,2010 I/We hereby state that I/we will abide by the rules and regulations of the Society as set fort in the Constitution and By-Laws and the LANGLEY RIDERS SOCIETY Rules.

PLEASE NOTE:

A deposit of 2 separate \$100.00 postdated cheques and 8 work hours plus attendance of 2 (min. 2 hour each) work bees are required for each joining individual or family. 1st cheque to be dated July 1.2010 and 2nd cheque to be dated Oct. 20. 2010. Half of work hours and one work bee are to be completed by July 1. Deposit cheque will then be destroyed or returned. 2nd deposit cheque will be returned after remaining work hours and bee is completed. (Anyone i.e. friends or family may complete the work hours or bees for you) If work hours are not completed, the cheques will be cashed. **NO rider will be allowed to ride in any event until postdated cheque is received.**

INSURANCE RELEASE:

I hereby certify that the rider(s) named below is/are eligible to enter all Langley Riders Society shows and that any horse ridden by the said rider(s) is eligible to enter all Langley Riders Society shows. I further certify that the said rider(s) has/have read all rules and regulations and agree(s) to abide by such rules and regulations. I further will make no claim whatsoever against Langley Riders Society, it's officers and/or directors, the owners of the property, or any agent or member of Langley Riders Society if any damage be occasioned to or loss occur to any equipment or animal or accident or injury to the said rider(s).

Signature: _____
(Signature of Parent or Guardian, if applicable) PLEASE PRINT ADULT CONTACT NAME

------(Do not detach - mail complete form)-----

PLEASE PRINT LEGIBLY:

SURNAME: _____ Telephone: _____ home
ADDRESS: _____ other
Postal Code: _____

E-mail address: _____ Adult Contact: _____ please print

Are you a member of Horse Council BC? Yes _____ No _____

Names and birth dates of ALL persons eligible under a Family or Individual Membership:

	HCBC #	riding	non riding	post dated
Name: _____ (mo.) _____ (year) _____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____ (mo.) _____ (year) _____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____ (mo.) _____ (year) _____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____ (mo.) _____ (year) _____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____ (mo.) _____ (year) _____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____ (mo.) _____ (year) _____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list below in which area(s) you, or a member of your family would be interested in helping.