



# MEMBERSHIP FORM

2023

**2023 Membership: \$25 per person per season OR \$60 per family per season (for up to 4 family members)**  
(Please Print)

## Applicant Information

Participant Name: \_\_\_\_\_ Competitor No.: \_\_\_\_\_  
*Last First MI*

Address: \_\_\_\_\_  
*Street Address Apt/Unit #*

\_\_\_\_\_ *City Province Postal Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Email Consent Declaration

As a valued member of the West Niagara Saddle Club, we request your consent to allow us to send you information and announcements. Your consent is required to comply with Anti-Spam Legislation (CASL). If you consent to receive emails from our organization, please select YES. You may change your mind and unsubscribe at any time.

YES \_\_\_\_\_ No \_\_\_\_\_

## Emergency Contact Information

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## Family Membership-List Additional Members

Participant Name: \_\_\_\_\_ Competitor No.: \_\_\_\_\_  
*Last First MI*

Participant Name: \_\_\_\_\_ Competitor No.: \_\_\_\_\_  
*Last First MI*

Participant Name: \_\_\_\_\_ Competitor No.: \_\_\_\_\_  
*Last First MI*

## Disclaimer and Signature

I certify that my answers are true and complete to the best of the knowledge. I understand that false or misleading information in my application or interview may result in my release.

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