



# West Niagara Saddle Club Membership Form

2022 Membership      \$25/Person or \$60/family (up to 4)

Please print Applicant Information

Full Name: \_\_\_\_\_ Exhibitor# \_\_\_\_\_  
*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

Full Name: \_\_\_\_\_  
*Last First MI*

Full Name: \_\_\_\_\_  
*Last First MI*

Full Name: \_\_\_\_\_  
*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: \_\_\_\_\_

*Admin only      Date Paid      WSNC Initials*