



2019 Kelowna Riding Club Affiliate Club/Non-Riding Membership Application Form

Office Use Only

Date Received: _____

Membership #: _____

HCBC # UTD: _____

Member Cheque #: _____

Name of Club/Applicant: _____

Address: _____ **City:** _____ **Province:** _____

Postal Code: _____ **Home #** _____ **Cell #** _____ **Fax #** _____

Email: _____

Contact Name(Clubs): _____ **Phone:** _____

I would prefer to receive Kelowna Riding Club Notices and newsletters by: E-Mail or Mail

Returning Member: **New Member:** **If New Member – Referred By:** _____

Horse Council BC (www.hcbc.ca or 1-800-345-8055) Membership # (mandatory for all riding members): _____

Please Check One Type of Membership:

Affiliate Club

Non-Riding

- Receive Facility Rental Discounts
- No Volunteer Hours Required – But you are very welcome to get involved!
- Receive news and updates

Membership Types	2019 Membership Fees			Volunteer Fees	
	Before Mar 15 th	After Mar 15 th	After Aug 31 st	Before Aug 31 st	After Aug 31 st
Affiliate Club		\$210.00		N/A	N/A
Non-Riding		\$68.25		N/A	N/A

WAIVERS

Print and enclose an initialed and signed copy of the appropriate type of waiver (Senior or Junior).
A completed waiver is MANDATORY for all members.

INSURANCE (CLUBS)

A Copy of your club's insurance is required to conduct equestrian activities at the Kelowna Riding Club

MAIL-IN CHECKLIST

- ✓ Completed 1 Page Membership application form
- ✓ One Cheque for Membership fee and any donation*
- ✓ Current Year's HCBC Number
- ✓ Signed and Witnessed **Waiver** form
- ❖ All cheques to be made out to The Kelowna Riding Club

A service fee of \$35.00 will be charged on **ALL NSF cheques**

Mail forms and Payment to: Kelowna Riding Club, 3745 Gordon Drive, Kelowna, BC V1W 4M8

E-MAIL CHECKLIST

- ✓ Completed 1-Page Membership application form
- ✓ Credit Card Information with any donations*
- ✓ Signed and Witnessed **Waiver** form

PAYMENT ENCLOSED

Cheque (Payable to Kelowna Riding Club) **Visa** **MasterCard** **E-transfer**

Fee Amount: \$ _____ Volunteer Fee \$ _____ Total to Process \$ _____

Cardholder Name: _____

Credit Card Number: _____

Expiry Date: (MM/YY) _____ CSV: _____

Cardholder Signature: (required): _____

E-Mail forms and Payment to: kelownaridingclubtreasurer@gmail.com if using e-transfer password **kelowna**