

GOOD FELLOWSHIP RIDING CLUB

MEMBERSHIP FORM 2025

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 : _____