



Meridian Riding Club
11202 119th St. E.
Puyallup, WA 98374
Membership Application

TREASURER'S USE ONLY:

Dues Received _____

Paid _____

Adult Member(s) 18 & over

Name _____ DOB (Month) _____ (Year) _____

Spouse _____ DOB (Month) _____ (Year) _____

Address _____ City _____ State _____ Zip _____

Phone # _____ E-Mail address _____

Would you like to receive the Newsletter by: * ☐ **E-mail** or ☐ **Mail**

Youth Member(s) 17 & Under

Name _____ Birthday _____

Name _____ Birthday _____

Name _____ Birthday _____

Name _____ Birthday _____

**** Family Membership Special if paid before March 1st, 2025, after March 1st Family Membership Rate is \$135**

Adult Membership(s)	# of Adults _____	@ \$65 per year	Total \$ _____
Youth Membership(s)	# of Youth _____	@ \$45 per year	Total \$ _____
Family Membership (includes 2 Adults & 3 Children in the same household) @ \$115 per year**			Total \$ _____

I, the undersigned, agree to abide by the By-Laws, rules, and regulations of Meridian Riding Club. I also agree to aid and further the development of the Meridian Riding Club without prejudice or discrimination. Upon written complaint of any member of this organization, the board of directors may deny membership for improper conduct and/or behavior detrimental to the harmony and well being of this organization. The applicant(s) and the undersigned agrees to release Meridian Riding Club, its board of directors, and its membership from all responsibility for any loss or accident that may occur to the rider, owner, or equipment.

I have read and understand the above rules of Meridian Riding Club.

Applicant(s) Signature: _____ Date: _____

Legal Guardian of Minors: _____ Date: _____

If you would like to pay by credit card then join/renew online at www.meridianriding.com/membership.
Membership forms can also be emailed to meridianriding@gmail.com. Print and mail if you are paying by check.