WESTMINSTER RIDING CLUB, INC.

PROPOSAL FOR MEMBERSHIP

Questions: Contact us at clubinfo@wrcswimandsocialclub.com or 410-848-2918

**Return to: via email:**

WRC / Membership clubinfo@wrcswimandsocialclub.com

P.O. Box 52 Westminster, MD 21158

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| Applicant  |
| **Name** |  | email |  |
| Street |  | City |  | **State** |  | Zip |  |
| Length of Residence |  | Primary Phone |  | Employer & Location |  |
| Spouse of Applicant |
| Name |  | email |  |
| Primary Phone |  | Employer & Location |  |
| Children Under Age 23 |
| **Name** | **Gender** | **Current Age** | **Date of Birth** |
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| **Membership Type** |  |  |
| [ ]  Full Family [ ]  Husband/Wife [ ]  Single Parent \* [ ]  Individual \*\*if married, spouse may not enter club as a guest - may attend swim meets only. |
| **Payment Type** |
|  **Check Cash PayPal (Send to** **wrclub@comcast.net** **using the Friends/Family option)** |
| **Capital Improvement Fee Payment Plan** |
|  **Pay in Full 2 year payment plan 3 year payment plan** |
| **Sponsor Information (Need a sponsor? Email or call the club manager.)** |
| **Name** |  | **email** |  |
| **Relationship to Applicant and Years Known** |  | **Primary Phone** |  |

I hereby apply for membership to The Westminster Riding Club.  I will conform to the Club's By-Laws and Rules and Regulations and I agree to pay the Capital Improvement Fee Payment Plan as described above.  Failure to do so may result in the suspension of my membership.  I understand that should I choose to terminate my membership, I will remain obligated for any remaining balance due as a result of my opting into the 2 or 3 year Capital Improvement Fee payment plan.

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######  *Applicant Signature* *Date*

Westminster Riding Club, Inc. - A Non-Charitable Corporation.

Dues and fees are not tax deductible as a charitable contribution to Westminster Riding Club, Inc.