WESTMINSTER RIDING CLUB, INC.

PROPOSAL FOR MEMBERSHIP

Questions: Contact us at [clubinfo@wrcswimandsocialclub.com](mailto: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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| **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**](mailto: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.