

WASHINGTON LADIES RIDING CLUB
ASSOCIATION

Membership Application

We, _____, hereby wish to apply for membership into the Washington Ladies Riding Club Association.

Active Member Club - \$125.00 Per year

CLUB INFORMATION

Team Name: _____

Mailing Address: _____

City/Zip: _____

Captain/Contact Name: _____

Telephone: _____

e-mail: _____

Team website: <http://www>. _____

Briefly describe the following:

Uniforms: _____

Tack: _____

Flag: _____

Team Captain Signature

Date

Send completed form with check to:

Diane Thomas
WLRCA Secretary
P O Box 2188
Yelm, WA 98597