

	OFFICE USE ONLY DATE RECEIVED:	CHECK
	#	
	RECEIVED BY (OFFICER):	
CASH:_		

## PIONEER CITY RIDING CLUB 2023 MEMBERSHIP APPLICATION

FIRST NAME:	LAST NAME:			
ADDRESS:				
CITY:	STATE;	ZIP:		
HOME PHONE:				
CELL PHONE:				
EMAIL ADDRESS:				
AGE AS OF JANUARY 1, 2023				
TYPE OF MEMBERSHIP (CIRCLE ONE):	FAMILY - \$25.00	INDI	INDIVIDUAL - \$15.00	
*NOTE* FAMILY IS DEFINED AS ANY AND ALL LEGALLY ADOPTED CHILDREN WHO HAVE NO			·	
FAMILY MEMBER	BIRTHDAY	HOR	SE'S REGISTERED NAME/BARN NAME	
CHECKS PAYABLE TO: PIONEER C	ITY RIDING CLUB	MAIL TO:	Tammy Cox	
CHECKS PAIABLE TO.	TIT RIBING GLOB	IVIAIL TO.	399 Orem Rd	
I AGREE TO ABIDE BY THE CONSTITUTIONAL MY E-MAIL ADDRESS IS GIVEN, I AGREE THA' UNDERSTAND THAT PCRC WILL NOT USE MY	T PCRC MAY USE IT FOR NOTIFICA	ATIONS TO ME OF P	CRC EVENTS AND NEWS. I	
SIGNATURE:			DATE:	
SIGNATURE OF PARENT/GUARDIAN:			DATE:	