



Mailing address:

White Mountain Riding Club c/o Vicki Herzog
2226 Haven Road, Whitefield, NH 03598

Membership Application

- Individual Membership - \$5
 Family Membership - \$10 (Includes parents/legal guardians and children under 18)

New Member: *OR* *Renewal:* *Application for the year 20* ____

Name: _____ DOB if minor: _____

Family Members:

Legal spouse and each child under the age of 18 by Jan. 1 of membership year.

1. Name: _____ DOB: _____
2. Name: _____ DOB: _____
3. Name: _____ DOB: _____
4. Name: _____ DOB: _____
5. Name: _____ DOB: _____

Mailing address: _____

~ Valid mailing address must be provided in order to receive election ballots, etc.. ~

Email address: _____

Phone: _____

I hereby agree to abide by the By-Laws of the White Mountain Riding Club.

Signature: _____ Date: _____

Membership runs from Jan. 1 through Dec. 31. Please make checks payable to White Mountain Riding Club.
Contact us at whitemountainridingclub@gmail.com.

For Office Use Only:

Date: _____

Check #: _____ or Cash: _____

Rec'd. By: _____