## **Buchanan Westerners Annual Membership Application**

<b>Buchanan Westerners Riding Clo</b>	ub, INC. 14665 Mead Rd., B	uchanan, MI 49107 • <mark>Mailin</mark> g	g Address: PO	Box 99, Buc	hanan, MI 49107
Membership (Check One)	- □ \$25 Individual [	□ \$40 Family (Must b	e residing	at the san	ne residence)
Membership Name:			Date:	/	/
Address:					
		City, State, Zip Code			
Phone: ()	Email: _				
Do you plan to participate in	the Pleasure Arena or	Gaming Arena? PLEAS	SURE / GAI	MING (Cir	cle One/Both)
All communications will be	via email or Facebook p	osting. Please be sure to	check BOT	H regular	<b>y.</b>
List each exhibitor and equine	combination's full name	s, along with exhibitors d	ate of birth.		
Each exhibitor/equine comb Buchanan Westerners. You		•	0		bination by
	Exhibitor / Equine N	<b>Names</b>	Exhibite	or DOB	Back #
All exhibitors with paid member division with the same equine begin accumulating until a paid behalf of an exhibitor/member be counted. If you start the sea any walk/trot points earned dunumbers.	and completing 10 volumed membership application but MUST be recorded ason in a walk/trot division.	iteer hours during the season is received by the Club. In the pleasure/gaming of on and move up to a walk/	son. Points a Volunteer h fice within 2 trot/canter d	nd volunted ours can be 4 hours of d livision, you	er hours do not worked on completion, to a will forfeit
I have read and understa	and the qualification	s for Year End Awar	ds Eligibi	lity	Initial
CASH / CHECK #	Amount	Board Initials		_ <b>Date</b>	