

WESTERN WASHINGTON LONGEARS CLUB

Membership Application

2010

PRINT NAMES

Address _____ City _____

State: Zip Code: -

Phone Number: () - Cell Number: () -

E-Mail : _____

**Members Fee
Family or Single**

\$10.00

**Make Check payable to :
Western Washington
Longears Club**

Mail to:

**Sally Laib
PO Box 39
Kapowsin, WA 98344**

**WESTERN WASHINGTON LONGEARS CLUB LIABILITY RELEASE --- Must be signed by All members.
Including minors.**

Recognizing the fact that there is a potential for an accident wherever horse or mule is involved, which can cause injuries to horses, mules, riders and spectators, and also recognizing the fact that Western Washington Longears Club, including, Officers, Board Trustees, or members cannot always know the condition of the trails or the experience of riders or horses or mule taking part in trail rides or other WWLC functions, I do hereby release the above named any claim or right for damages which might occur to me, my minor children or horses or mules.

NOTE: Form NOT signed by ALL applicants will be returned for signatures.

Signed _____ Date _____ Signed _____ Date _____

Signed _____ Date _____ Signed _____ Date _____

Signed _____ Date _____ Signed _____ Date _____

Please do not place my telephone number on any member address list.

Dues are not deductible as charitable contribution for income tax purposes.
Dues may be considered necessary business deductions.