Membership Application One membership required annually.

Membership covers: January 1st to December 31st, Insurance coverage at PARDS facility, Voting privileges of Ar nual General Meeting Ouorterly Ne 1 att



		eneral Meeting, Quarte	-		
Parent/Guardia	an Name <i>(if a</i> j	pplicable):			
Address: City: _		City:	Postal Code:		
Home Phone: Work Pho		Work Phone	e: Cell Phone:		
Email Address:					
This membersh	i p is for (plea	se check one) :			
🗌 Individual (\$	10/year)				
🗌 Volunteering	; Only (honor	ary individual membe	ership)		
□ Family (\$20/	'year)				
,	. ,	embers residing at the a	bove address who you wish to ir	clude in your family membership.	
			Name:		
Name:			Name:		
Name:			Name:		
<u>Lessons:</u> Daytime Evening Stable duty	Daytime Dingo Evening Casinos		<u>Committees:</u> Board of Directors Development New Facility Fund Ride / PEP Games Annual Dine & Dance	Other: Facility maintenance Administrative help Other (please specify):	
I would like mo	ore informati	on on the following:			
🗌 Rider Sponsor	rship] Horse Sponsorship	Planned Giving		
Fees enclosed:			Individual Membership	\$	
			Family Membership	\$	
			Volunteer Only Membership	(n/a)	
			I would like to donate	\$	
			Total Amount Enclosed	\$	
maintenance of curr	rent records of m	embership and for contactir as permitted by law. **	o the extent necessary to meet the p ng individuals to notify of PARDS ne	ws and events. PARDS does not	
Return to: PARDS 8202 84 Street		Office use only			

Grande Prairie, AB. T8X 0L6 Ph (780) 538-3211 Fax (780) 538-3683 Date received by PARDS

Membership Number