



Membership Application and Liability Waiver

John Wayne Pioneer Wagon and Riders Association
P.O. Box 92, Hobart WA 98025

For Official Use Only	
Amount Received:	_____
Date :	_____
Accepted by	_____
() Check #	_____
() Credit Confirmation #	_____

Annual Membership (New or Renewing) is from January 1 to December 31 of each year. Members paying on or after September 1st will be paid through December 31st of the following year. All members may be required to pay other fees for individual JWPWR activities. Annual dues is \$30.00.

Liability Waiver: With my payment for membership and with my signature (s) below, I agree to abide by the John Wayne Pioneer Wagon and Riders Association, Inc. (JWPWR) Bylaws. I hereby recognize in accordance with Washington State WAC 4.24.530 and 4.24.540 that any time a participant engages in an equine activity there is a potential for an accident that can cause injuries to horses, riders and spectators and also recognize the fact the JWPWR, including Officers or members cannot always know the conditions of the trails or the experience of riders or horses taking part in trail rides or other JWPWR activities and I do hereby release the above named JWPWR, its Officers, its members, and any

A Membership is defined as one (Individual) or two adults (Household) The number of adults for a Household Membership is limited to two, unless other adults in the household qualify as dependents and are claimed on either of the primary adults' tax return. Dependents can include full time college students, elderly parents, or disabled adult children. Only the two Primary Members listed under 1) and 2) below are eligible to vote. PLEASE LIST ANY DEPENDENTS ON THE BACK OF THIS FORM.

Check one: I am a NEW member **Or** I am a RENEWING Member

Name (*print clearly*) _____

Signature: _____ Date: ____/____/____

Phone: _(____) _____ Cell_(____) _____

Address _____ City _____ State/Zip _____

EMAIL (#1) _____

(PRINT EMAIL ADDRESS IN ALL CAPITAL LETTERS FOR EASY READING)

Second Name (if part of household) print clearly: _____

Signature: _____ Date: ____/____/____

Phone: _(____) _____ Cell_(____) _____

EMAIL (#2) _____

(PRINT EMAIL ADDRESS IN ALL CAPITAL LETTERS FOR EASY READING)

Emergency Contact: Name (Print) _____ Tel No. _(____) _____

Check one: Send my newsletter to EMAIL #1 **OR** EMAIL #2 **OR** send my newsletter to my home address ,

Check one: Please include my contact info in the Club Roster (distributed only to Club members) YES _____ NO _____