| KWI MEMBERSHIP APPLICATION | | |
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| address: 5642 W. 3000 n. road kankakee, il, 60901website: kwisaddleclub.com email: [kwisaddleclub@gmail.com](mailto:kwisaddleclub@gmail.com) All prospective members of KWI Saddle Club are required to complete this registration form with payment of $25 for individual or $50 for family membership. Please make checks payable to KWI Saddle Club and mail to:  **KWI Saddle Club-Treasurer 199 N. Bates Ave. Kankakee, IL. 60901** | | |
| Applicant Information | | |
| Name: | | |
| Email: | Home phone: | Cell Phone: |
| Current address: | | |
| City: | State: | ZIP Code: |
| Individual $25 Family $50 (Please circle) | Gender: Male Female *(Please circle)* |  |
| Spouse/ children Information if family membership | | |
| Name: | | |
| Name: | | |
| Name: | | |
| Name: | | |
| emergency contact | | |
| Emergency Contact Name: | | |
| Phone: | | |
| Signatures | | |
| Declaration: I promise to abide by the rules and regulations of KWI Saddle Club as set out in its bi-laws.  I have paid my membership fees totaling $\_\_\_\_\_\_\_\_(Please make checks payable to KWI Saddle Club and mail to  KWI Treasurer 199 N. Bates Ave. Kankakee, IL. 60901 | | |
| Signature of applicant: | | Date: |
| Signature of spouse (only if for a family membership): | | Date: |