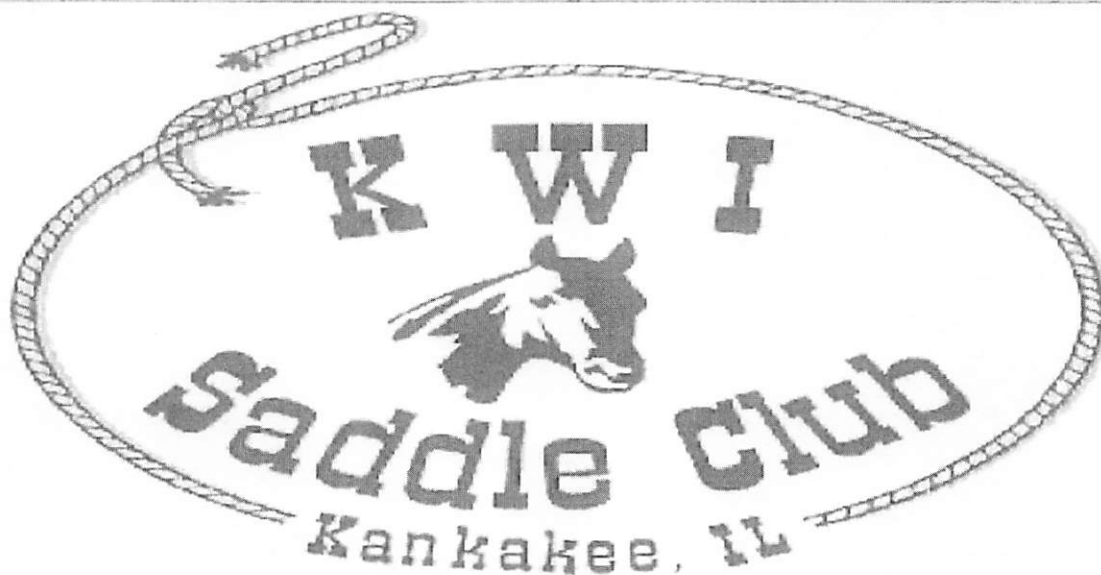


KWI MEMBERSHIP APPLICATION



ADDRESS: 5642 W. 3000 N. ROAD KANKAKEE, IL, 60901

WEBSITE: KWISADDLECLUB.COM **EMAIL:** 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-Renee Cox 2030 North 500 East Rd., Gilman, IL 60938

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 Secretary: Renee Cox 2030 North 500 East Rd., Gilman IL 60938

Signature of applicant:

Date:

Signature of spouse (only if for a family membership):

Date: