RIVERSIDE COUNTY MOUNTED MAVERICKS
DIST. 19
2009-2010 MEMBERSHIP APPLICATION

Circle One: INDIVIDUAL $20.00 FAMILY $25.00

Date: _____ CGA Membership #:_____ Paid: _____

Must be a CGA Member to ride at this show

THIS MEMBERSHIP EXPIRES 07-17-2010

PLEASE PRINT ALL INFORMATION – PLEASE FILL OUT COMPLETELY.

NAME_____ DATE OF BIRTH_____
MO/DAY/YEAR

ADDRESS_____

CITY_____ STATE_____ ZIP_____

HM. PHONE_____ CELL#_____ **EMAIL_____

FAMILY MEMBERS – LIST ADDITIONAL FAMILY MEMBERS JOINING WITH YOU (IMMEDIATE FAMILY "ONLY")

NAME_____ DATE OF BIRTH __/__/__
M0/DAY/YEAR

NAME_____ DATE OF BIRTH __/__/__
M0/DAY/YEAR

NAME_____ DATE OF BIRTH __/__/__
M0/DAY/YEAR

NAME_____ DATE OF BIRTH __/__/__
M0/DAY/YEAR

NAME_____ DATE OF BIRTH __/__/__
M0/DAY/YEAR

NAME_____ DATE OF BIRTH __/__/__
M0/DAY/YEAR

With this membership you will be entitled to 2 free schooling runs per show.
Only members qualify for Series High Point Awards

SIGNATURE_____

I WOULD LIKE TO HELP THE CLUB RUN THE SHOW BY VOLUNTEERING TO:_____
(Sign-ups, Announcing, Time Keeping, Working the gate, Judge, Pole/Barrel setter, Raker.)

Total Due: $_____ **Check #**_____ **Cash** _____

******You will be charged for any returned check charges incurred by this club due to your deficiency******
****By supplying your email address, we will be able to send you any upcoming club information****