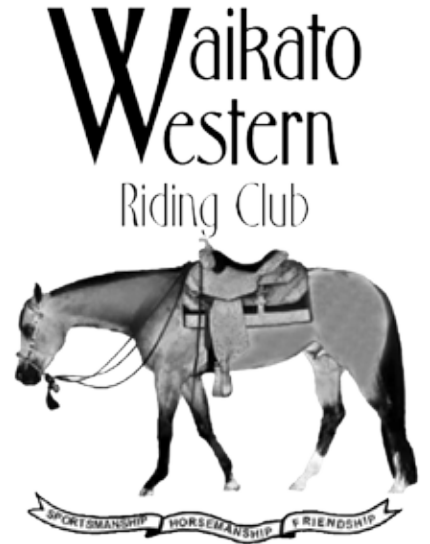


MEMBERSHIP FORM



Single Membership:

\$35.00

Name: _____

Address: _____

Phone No _____

EMAIL: _____

Family Membership:

\$50.00

Family Name: _____

Address: _____

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EMAIL: _____

Newsletter Only:

\$15.00

EMAIL ADDRESS: _____

TOTAL AMOUNT:

\$ _____

Make Cheques payable to:

Waikato Western Riding Club
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102 Horrell Road
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Fax: 07 889 3955