

For office use only:
WC# 08-_____

Westman CADORA

2009 Membership Application

Name: _____ Home ph: _____
Address: _____ Work / Cell ph: _____
City/Prov: _____ Email: _____
Stable Name: _____ Phone: _____
Equine Canada (if applicable): _____ Horse Council: _____

MEMBERSHIP INFORMATION

Fees Include:

Voting Privileges (Senior ONLY)

Please check which membership you want:

- SENIOR at \$5.00
- JUNIOR at \$5.00

Total payment enclosed: _____

Cheques payable to "Westman CADORA"

Mail membership forms and payment to:

Taylor Michaud
Box 1070
Shilo, MB R0K 2A0

Membership must be paid prior to 1st show.

I consent to having my name: ___ yes ___ no, address: ___ yes ___ no, phone number ___ yes ___ no, email address ___ yes ___ no; published in Club mailings and / or on the Club website (ph/address/email will not appear on website except with expressed permission on classified ads)

*Westman CADORA encourages all it's members to support Dressage Canada.
A registration form can be found on their website: www.dressagecanada.ca