

Office use only Membership# _____



Bertie Willoughby Saddle Club Inc.



MEMBERSHIP FORM

Name: _____

Address _____

City _____ Province _____ Postal code _____

Telephone: _____ Work or Cell : _____

Please include area code

Email address _____

Do you wish to receive your newsletter by **Email** or **Canada Post?** (circle one)

Membership Requested: Family (\$ 25.00) _____ Single (\$15.00) _____

Names of family members and, birthdates for those under the age of 18

Please make cheques or money orders payable to:

**B.W.S.C.
C/O 4034 Canboro Rd
Wellandport Ont.
LoR 2Jo**

Please do not send cash in the mail.

Office use only

Membership Number: _____ cheque # _____ Receipt sent _____

Date Joined: _____