



Membership # _____

Bertie Willoughby Saddle Club Inc.

MEMBERSHIPFORM.

Name: _____

Address _____

City _____ Province _____ Postal code _____

Telephone: _____ Work or Cell: _____

Please include area code

Email address _____

Do you wish to receive information from BWSC 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:

Bertie Willoughby Saddle Club (BWSC)

C/O 4034 Canborough Rd

Wellandport Ont.

L0R 2J0

Please do not send cash in the mail

Office use only

Membership Number: _____ cheque # _____ Receipt sent _____

Date Joined: _____