

CHANDLER VAQUEROS SADDLE CLUB
2018-2019 MEMBERSHIP REGISTRATION FORM

Today's Date: _____

Name: _____

Date of Birth: _____ Phone No.: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____

E-mail: _____

**** Family Membership \$45.00**

***Family includes only immediate family members who reside in the same household*

Individual Membership \$25.00

Please List Names and Birthdays of New CVSC Member(s):

Name: _____

Birthday: _____

Name: _____

Birthday: _____

Name: _____

Birthday: _____

Name: _____

Birthday: _____

Name: _____

Birthday: _____