

Membership Application



- January 1 to December 31
- Insurance Coverage at PARDS facility (membership is mandatory for all users of the facility)
- Voting Privileges at Annual General Meeting
- Quarterly Newsletter

Name: _____

Parent/Guardian Name (if applicable): _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

This membership is for *(please check one):*

- Individual (\$10/year)
- Volunteering Only (honorary individual membership)
- Family (\$20/year)

Please list all immediate family members residing at the above address who you wish to include in your family membership:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Please let us know if you (or any of the family members listed above) are interested in the following volunteer opportunities *(please check all that apply) :*

- | | | | |
|--------------------------------------|---|--|--|
| <i>Lessons:</i> | <i>Fundraising:</i> | <i>Committees:</i> | <i>Other:</i> |
| <input type="checkbox"/> Daytime | <input type="checkbox"/> Bingos | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Facility maintenance |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Casinos | <input type="checkbox"/> Development | <input type="checkbox"/> Administrative help |
| <input type="checkbox"/> Stable duty | <input type="checkbox"/> Annual Fund Ride/PEP Games | <input type="checkbox"/> New Facility | <input type="checkbox"/> Other (please specify): _____ |
| | <input type="checkbox"/> Annual Dine & Dance | <input type="checkbox"/> Fund Ride/PEP Games | _____ |
| | <input type="checkbox"/> Other fundraising events | <input type="checkbox"/> Annual Dine & Dance | _____ |

I would like more information on the following:

- rider sponsorship
- horse sponsorship
- planned giving

Fees enclosed:

Individual Membership.....\$ _____
 Family Membership.....\$ _____
 Volunteer Only Membership.....(n/a)
 I would like to donate.....\$ _____
Total Amount Enclosed.....\$ _____

PARDS collects, uses, or discloses personal information only to the extent necessary to meet the purpose of the creation and maintenance of current records of membership and for contacting individuals to notify of PARDS news and events. PARDS does not disclose personal information except as permitted by law.

Return to: PARDS
 RR 1, Site 24, Box 2
 Grande Prairie, AB T8V 2Z8
 Ph (780) 538-3211 Fax (780) 538-3683

Office use only		
Date received by PARDS	Membership Number	Membership Year