	Legacy I	Park Riders	MEMBERSHI	MEMBERSHIP FORM			
			Membership is or	oen to anyone			
Membership Year Starts at Date of Joining for 1 Year							
	New	Renewa	I Origina	Membership	o Date:		
Last Name:		First:		D	OB Optional:		
Address:							
St	reet		City	State	Zip		
E	mail:						
Home Phone:		Cell: _					
List only those family	members to be i	ncluded under this	s membership:				
		First:			DOB Optional:		
Children: 1	DOB	m/f	2	DOB	m/f		
3	DOB	m/f	4	DOB	m/f		
How did you hea	r about our clu	b ?					
			Responsik				
			ie. cleanup days, ground is required to actively pa				
Please indicate which							
			Parades Play Da				
			ristmas Party add ideas)				r
		Other (auu iueas)				
Members receive info	ormation from the	Secretary regardi	ng the newsletter and a c	urrent membersł	hip form and 2 nigh	t free camping certi	ficates to the
Campground and day	ride privileges. <u>Ev</u>	ery member is re	sponsible to keep ground		clean and pickup a	fter themselves and	their horses.
We the undersigned	hereby apply to t	he Legacy Park Ric	Agreement, Waiv der membership, it being		this applications for	r membershin shall	ne submitted to the
			and regulations of the o				
-			ers, agents, servants or e				
			ccident or injury to any p				
			r behalf in connections w b activities in so far as we				
			ts, attendance, meetings				
All adults must read a	and sign this appl	cation, and paren	ts must co-sign for all m	nors.			
Adult Signat	ture	Date	Signature of	Adult for Minor		Date	
			expire the day before dat ou must reapply to beco		ined. Annual dues b	pecome due and pay	able <u>no later then</u>
Single \$100	Fa	mily \$150	Donation	Paid An		Check /Cash/V	
				I	Make checks out	to <u>Legacy Park Ri</u>	der Assoc.
Received By:			Date Approv	ved			
Legacy Park Ride	Assoc. 8699 S	Gantz Avenue	e, Boise ID 83709	208.362.4343	<u>CowboyCam</u>	pground@gmail.com	<u>n</u>