



Lone Star Riders Riding Club Membership Application

I / We hereby submit application for membership in Lone Star Riders Riding Club. I / We have read the By-Laws and agree to respect and abide by said By-Laws.

Family Last Name: _____

Address: _____

Phone: _____

Email Address: _____

Signature

Date

Family Members:

Date of Birth:

male head of household

female head of household

Child #1

Child #2

Child #3

Child #4

Lone Star Riders dues are \$40.00 per year per family membership. Dues renew each October. *National Association of Riding Club & Sheriff Posses* dues are \$35.00 per year per family membership and renew each November.

Club Dues \$ 40.00 attached? ____yes ____no
National Association \$ 35.00 attached? ____yes ____no

Sponsored by: _____
(sponsor must be present at meeting for consideration of application/applicant does not attend meeting)

Membership Approved: ____yes ____no Effective Date of membership: _____ Time: _____

Applicant notified: ____yes ____no Date of notification: _____ Officer Initials: _____

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Completed application with membership dues may be mailed to:

Jennifer Auvenshine 174 CR 470 Boyd TX 76023