Fun Country Riding Club Membership Form

Date:_____Individual($20):_____ Family($35):_____

New Membership:_____ Renewal Membership:_____

Please complete names, ages, and AEF Membership Number in the boxes below.
If more space is required, please list on reverse

Last Name	First Name	Age (if under 18)	AEF number (mandatory)

Mailing Address (include postal code): _____

_____

_____

Telephone Numbers Home:_____ Cell:_____

Email Address:

For Office Use:

Received By:	Method of payment	Membership Card Given	Current AEF Verified

Email Copy of Membership form to Chelsea Chase: CJCHASE@LIVE.COM
E-transfers: payments.funcountryriders@gmail.com