



Date _____

MEMBERSHIP RENEWAL / APPLICATION FORM

Name #1 _____

Cell Phone Number _____

E-Mail Address (Print Clearly) _____

Address _____

City _____ State _____ Zip _____

Name #2 _____

Cell Phone Number _____

E-Mail Address (Print Clearly) _____

Name #3 _____

Cell Phone Number _____

E-Mail Address (Print Clearly) _____

If you do NOT wish to have your information listed check here _____

Emergency Contact Name _____

Emergency Contact Phone # _____

Family Membership* \$60 _____ Individual Membership \$40 _____

**Family, which consists of no more than 2 adults, any unmarried children under the age of 21 and/or a single parent over the age of 65, who all live at the same residence.*

We must have this form filled out and a signed Release Waiver Agreement. **For Family Memberships each family member must sign a Release Waiver Agreement.**

Mail to: **McHenry County Horse Club**
Don Kent
24109 County Line Road
Marengo IL 60152