



# HURON RIVER RIDERS

## MEMBERSHIP APPLICATION

Please Circle:      New    Renewal                      Single    Family

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Birthday (month/day): \_\_\_\_\_

Horses Name(s): \_\_\_\_\_

Dues are \$10 for single membership & \$15 for a family membership.

Make checks payable to Jeannine Chont (HRR on Memo Line)

Send Form & Payment To:

*Huron River Riders  
c/o Jeannine Chont  
26680 Bell Road  
New Boston, MI 48164*

HRR Use Only
Amount Paid: _____
Date: _____ Initials: _____