

# DRAYTON VALLEY HORSE CLUB

## MEMBERSHIP FORM

(January 1 – December 31)

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

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

\_\_\_\_\_

Phone Number: Home: \_\_\_\_\_

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

Business: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

*By providing my email address, I am consenting to receiving emails from the Drayton Valley Horse Club and/or the Eagle Point – Blue Rapids Parks Council.*

Name and ages of children if this is a family membership.

\_\_\_\_\_

\_\_\_\_\_

**Family Membership - (    )    Single Membership - (    )**

**Donation** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please forward completed form and cheque to:**

BOX 7645,  
DRAYTON VALLEY, AB.  
T7A 1S7