

LAKE FRONTIER RIDERS

P.O. Box 572, Lakeside, CA 92040



Application for Membership

The Lakeside Frontier Riders is a family oriented riding group. Thank you for your interest and WELCOME! Membership dues are due January 1st, along with completed application. Dues will be pro-rated to fifty (50%) percent bi-annually. Please complete the applicable portions of the application form below, sign and date it, then return to the treasurer with your dues (or mail to the LFR address above).

Name(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone) _____ Work Phone (optional) _____

E-mail (optional) _____ FAX (optional) _____

Type of membership requested:

- Single Adult (as defined in the bylaws, namely, an unmarried individual without children under the age of 18).
Dues are \$25.00 per year
- Couple/Family (as defined in the bylaws, namely, any person who is not a "single" member).
Dues are \$30.00 per year
- Sponsored Junior members (as per bylaws).
Dues are \$10.00 per year. Name of LFR Sponsor _____
- Life Member (Membership Granted Status) Honorary Member (Membership Granted Status)

Children under age 18, including Sponsored Juniors:

Child's Name _____ Birth Date _____ Child's Name _____ Birth Date _____

Child's Name _____ Birth Date _____ Child's Name _____ Birth Date _____

Liability Section

Liability Release: The undersigned, in consideration of acceptance of the application for membership, does hereby for himself, his heirs, executors and administrators, waive and release the Lakeside Frontier Riders, Inc., their officers, and all individual members thereof from any and all right, claim or legal liability that he/she might have due to membership and participation in activities sponsored by this club.

Signature of Member _____ Signature of Spouse _____ Date _____

Sponsored Juniors will be approved only upon completion of the following: The below assigned Sponsor has my permission to act on my behalf on matters regarding my child and has written permission from me to authorize emergency medical treatment for my child, if I am not available, and such treatment is deemed necessary.

Signature of Parent or Legal Guardian _____ Signature of LFR Spouse _____ Signature of Sponsored Junior _____