LAKESIDE FRONTIER RIDERS

P.O. Box 572, Lakeside, CA 92040
www.lakesidefrontierriders.com

2019 Application for Membership

Lakeside Frontier Riders, Inc. is a family-oriented riding group. Thank you for your interest and WELCOME! A signed Liability Release/Membership application and dues are due January 1st yearly. Dues will be prorated to fifty (50%) percent after July 1st only for first-time new members. Please complete the application portion of the form below, sign and date it, then return to the treasurer with your dues (or mail to the LFR P.O. Box listed above).

Name _____ DoB (month & day) _____

Spouse/Partner (couple/family membership) _____ DoB (month & day) _____

Address _____ City_____ State _____ Zip_____

Home Phone _____Your cell phone _____Spouse/partner's cell phone _____

(Please circle the preferred contact phone number to be listed on our roster)

E-Mail _____Spouse/partner's email _____

Type of membership

☐ **Individual/Single Dues is $25.00 per year** (an individual over the age of 18)

☐ **Couple/Family Dues is $30.00 per year** (A member and his/her spouse or significant other, living in the **same** household, and their unmarried children under 18 years old as of Jan. 1 of current year)

Children under age 18

_____ _____

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

Liability Release

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

_____ (initial here) **The applicant(s) have at least one of the following insurance coverage: Homeowners or Medical**

_____ _____

Signature of Member Date Emergency Contact Person

_____ _____

Signature of spouse/partner Date Emergency Contact's cell phone

Revised Nov 2018