



GFRC MEMBERSHIP FORM

NAME: _____

Address: _____

City: _____ **Zip:** _____

Email: _____

Phone: _____

MEMBERSHIP OPTIONS

Family Membership - \$30.00

(Spouse, Parent/Guardian and children under 17 as of Jan 1st
Living in the same household)

Single Membership - \$20.00

(Anyone over the age of 18 as of Jan 1st)

Year-end Points - \$30.00 (extra per person going for points)

Family Members

Self	_____	DOB	_____
Spouse	_____	DOB	_____
Child	_____	DOB	_____
Child	_____	DOB	_____
Child	_____	DOB	_____

Make checks Payable to · Good Fellowship Riding Club ·

Mail to · P.O. Box 361 Birdsboro, PA 19508 ·

Date paid _____ **Total** _____

Cash / Check

**YES OR
NO**
Receive
updates via
text

**YES OR
NO**
Receive
newsletter
(email or
mail)

LATE FEE
There will be
a \$5 late fee
for existing
members if
not paid by
March 1st

YEAR
