

FIRST NAME MIDDLE INITIAL LAST NAME DATE OF BIRTH

ADDRESS CITY STATE ZIP

E-MAIL ADDRESS PHONE NO.

The above hereby makes application for membership in the Walla Walla Wagon Wheelers, Walla Walla, Washington, a corporation, incorporated under the laws of the State of Washington and a member of the Washington State Association of Sheriff's Poses.

- 1. Organized for the purpose of promoting and maintaining a social and educational club devoted to the benefit and entertainment of it's members
2. To act as a booster and educational organization for the benefit of Walla Walla County and surrounding territory.
3. To preserve the history, traditions and historical relics of the Walla Walla Valley and surrounding territory.

I hereby agree to abide by the rules and regulations of the Walla Walla Wagon Wheelers, as set up under the corporate laws of the State of Washington, and hereby state that I am not less than 21 years old. I further understand that there will be a criminal history check conducted by the WWCSO. I do authorize the WWWW to utilize this information as selection criteria for me.

APPLICANT SIGNATURE: PROPOSED BY:

NOTE: PLEASE SIGN AND DATE WAIVER ON BACK OF APPLICATION

GIVE NAMES OF TWO MEMBERS IN GOOD STANDING AS REFERENCE:

DATE OF APPLICATION: APPROVED:

MEMBERSHIP APPLICATION - WALLA WALLA WAGON WHEELERS
P.O. BOX 373 WALLA WALLA, WASHINGTON 99362

Walla Walla Wagon Wheelers

Hold Harmless Agreement

I hereby release the Walla Walla Wagon Wheelers and any of their Board of Directors, officers, members or anyone else from any claim or right for damages which may occur to, my horse, my child, or myself on Wagon Wheeler club property or any Wagon Wheeler event. I realize that there are certain risks in any sport and I take full responsibility for myself and/or child if an incident should occur.

Applicant Signature _____ Date _____