

I will receive a copy of the HILLSIDE RIDING CLUB by-laws
I will review, fully understand & comply with the by-laws presented to me

Members name _____

Members signature _____

Members address _____

_____ zip _____
Date _____

Phone number _____

Members E-mail address _____

List any family member's (please print)

Photo copy of current health insurance card (below)

Please mail back with check or money order to:

HILLSIDE RIDING CLUB

P.O. BOX 9336

ERIE, PA. 16505

ENJOY THE 2008 RIDING SEASON !!!!!

I WANNA RIDE AT HILLSIDE !!!!-----THANKS FOR YOUR SUPPORT