

## Fallbrook Riders, Inc. Existing Membership Renewal Application

Fallbrook Riders
PO Box 1063
Fallbrook, CA 92088
760-689-2044
Fallbrookriders92028@gmail.com

O Individual Membership
Pro-rated Individual members
O After June 30th
O After Sept 30th

Family Membership
Pro-rated Family membership
Pro-rated Family membership
O After June 30th

| NOTE: Refer to FRF Policies and Procedures for current policy regarding memberships. |  |  |
|--|--|--|
| Date submitted Check # Amount \$ Donation amount \$                                  |  |  |

Renewal: \$ 185 Pro-rated Individual memberships \$ 125 \$ 220\* \$250 Pro-rated Family memberships After June 30th \$170 o After Sept. 30th \$300\* \*Includes following year dues Note -It is not necessary to submit a liability release form with this member application

| Name:   |  |                          |
|---|--|--------------------------|
| Address:  |  |                          |
|   |  |                          |
| City  | State  | Zip                      |
| Phone:  | Email:   |                          |
| ***List all family members on reverse side & 18 y       | yr. and older must sign.   |                          |
| Description of tow vehicle and trailer:                 |  |                          |
| License Number:   |  |                          |
| Fallbrook Riders is a nonprofit, all volunte            | eer organization. How would you l                                  | be willing to volunteer? |
| Tree trimming, brush                                    | Organize and host an   | _                        |
| removal, general cleanup                                | event or fundraiser  |                          |
| Electrical or mechanical repairs                        | Event or Fundraiser Assistan                                       | nt                       |
| Sponsorship sales                                       | Publicity / Promotions   |                          |
| I would prefer to make a cash donation ins Waiver       | tead (suggested donation \$100) of Rights and Release of Liability |                          |
| By signing this application you accept the terms and co |  |                          |
| Signed on this date:                                    |  |                          |
| Signature of Applicant                                  | Printed  |                          |

| Child's name | Child's name |  |
|--------------|--------------|--|
| OL T.D.      | O1 :11?      |  |
| Child's name | Child's name |  |
| Child's name | Child's name |  |
| Cinia s name |              |  |
| Adults name  | Signature    |  |