



West Greenwich Horseman's Association
Membership Application

Membership expires on December 31, _____

Name: _____ Telephone: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Email Address: _____

Newsletter by email? Y N If no but you have an email please enter it for info in between newsletters.

Pick ONE of the following categories:

\$10.00 (if signing up for remainder of current membership year, then \$5 if joining in months Oct - Dec)

☐ Single

☐ Family membership **living at the same address**

Please list additional family members **from this household only:**

1) _____ 2) _____ 3) _____

4) _____ 5) _____ 6) _____

What events would you like to see WGHA host?

Please indicate your reason for joining WGHA:

Are you willing/able to volunteer time for club functions/events? ☐ Yes ☐ No

Send forms to: Meghan Andrews

320 Henry Brown Road

West Greenwich, RI 02817

VENMO: @Ida-Sweet-2. In memo line, put name and what transaction is for. Be sure to mail the membership form as well.

Date Rec'd: _____ Amount Paid: _____ ☐ Check # _____ ☐ Cash

Membership Received by: _____ ☐ Venmo

Membership Number: _____

(Edited: 04/28/2023)