



2026 MEMBERSHIP FORM

NAME:.....

MAILING ADDRESS:.....

PHONE:.....**EMAIL:**.....

EMERGENCY CONTACT:

Name & Phone#:.....

TYPE OF MEMBERSHIP *(please check box)*

<input type="checkbox"/>	Junior	\$25.00
<input type="checkbox"/>	Senior	\$35.00
<input type="checkbox"/>	Family	\$55.00

Please list names of Family / Junior members included in membership:

.....

.....

HCBC Membership #:.....

Note: All members must have current HCBC membership. Please include all Family Membership HCBC numbers.

Parent or Guardian for Jr. Members: *(please print name.)*

Signature of Parent or Guardian for Jr. Members: *(please sign)*

Consent for Electronic Communication: **YES** or **NO**

Please circle **YES** if you wish to receive e mail, e-newsletters and other electronic communications from Slocan Valley Outriders Association or **NO** if you do not wish to receive it. To stop receiving at any time send written instructions to the address below.

SVOA, BOX 81, SLOCAN, B. C. V0G 2C0

<http://slocanvalleyoutrid.wix.com/svoa> slocanvalleyoutriders@gmail.com