



# 2024 MEMBERSHIP FORM

NAME:.....

MAILING ADDRESS:.....

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

**EMERGENCY CONTACT:**

Name & Phone#:.....

**TYPE OF MEMBERSHIP** *(please check box)*

- Junior      \$20.00
- Senior      \$30.00
- Family      \$50.00

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](mailto:slocanvalleyoutriders@gmail.com)