2024 Fullerton Recreational Riders Membership Application

www.fullertonrecriders.org

Membership Information & Dues

Your Information

The membership year is January 1^{st} – December 31^{st} . Your 2023 membership expires January 31, 2024, renewals must be postmarked or processed via Square no later than this date or you will need to apply as a new member.

| Name: | ☐ Renewal or | ☐ Renewal or ☐ New Member: How did you find us? | | | | | |
|---|---|--|--|---|----------------------------|--------------------|--|
| Spouse/Partner: | Children 13 & under must join with a family membership. | | | | | | |
| Address: | | Dues | *Jr (14-17yrs.) | Senior (18+yrs) | Couples/Family | Sustaining | |
| City, State, Zip: | | Jan thru Dec | \$40 | \$40 | \$50 | \$75 | |
| Email: | | July thru De | c \$20 | \$20 | \$25 | \$75 | |
| Phone: | Juniors, Seniors, Couples & Families joining in November or December 2024 may pay remainder of the year <u>AND</u> the fees for the following year, 2025. | | | | | y pay \$10 for the | |
| Alternate Phone: | | You may pay by cash, check, or Square. This application must be completed, signed, and | | | | | |
| Names & ages of children I | submitted alc | submitted along with the fee. Make checks payable to: Fullerton Recreational Riders | | | | | |
| | Send this app | Send this application (including payment if by check) to: | | | | | |
| | FRR | 336/ 729 | | | | | |
| | | Attn: Membership P.O. Box 5973 | | | | | |
| Age: Fullerton, CA 92838-0528 | | | | | | 744 744 | |
| *Emergency Contact Inform | nation for Junior Member: | process your | We must receive both the completed, signed application and payment or we cannot process your membership. You may email the completed, signed form to: reasurer@fullertonrecriders.org | | | | |
| • • | lub, we depend on volunteers fo Please circle the ones you prefe | • | • | | st 15 hours per year. | The activities | |
| Arena Crew | Parking Op | pen / Close Arer | al Function na / Trail Clean-up th Help | Board Member Publicity Printing / Artwork | Awards Other: Other: | | |
| | on Recreational Riders, you alidental death coverage. Mem the above statement. | • | | during scheduled (| Club activities. This | policy does not | |
| Applicant Signature *Parent must sign for Junior Member & provide emergency contact information | | | | | | | |
| Date Rec'd: | Info below for Office Use Only: Date Rec'd: Square Conf # Square Payment Amount Cash Amt: Check #: Check Amount | | | | | | |
| Date Nee a. | Square conj " | oquare i ayment Amount | COSH FILITE | CHECK # | | con , anount | |
| | | | | | | | |

Membership