

WILLAMETTE VALLEY TEAM PENNING ASSOCIATION

Membership Application Release Form

September 1, 2022 to August 31, 2023

Family
Single
OHSET

Paid: _____

o die	•	ŕ	,		Date:
Name:	(First)		(MI)	
Address:					
(8)			(7) 0 1		
(City)	(State)		(Zip Code		
Date of Birth:	· · · · · · · · · · · · · · · · · · ·	Home Phone:		Work:	
Cell:	E-mail: _				
What is your preferred Other:	l method of commu		notifications?	Facebook	E-mail
Type of Membership	: Riding	Non-Riding	Single (\$35)	Family (S	\$55)
Self-Rating: Novi	ce Amateur	Open			
Person to notify in cas	e of Emergency:		I	Phone ()	
animals resulting from the above named. Name of participant - 1		y of all events. Iv		Date	
Signature of participar	nt				
If applicant is under 18 the above release and Valley Team Penning	unconditionally giv				
Name of Minor or Min	nors				
Signature of parent/gu	ardian				
LEGAL PARENT/G HELMENT RULE F				IABILITY TO	O WAIVE THE
Signature of parent/gu	ardian			Date	
☐ All others in a fam	ilv membership mu	ıst sign on the rev	erse side of the w	aiver.	

Please check this box if you do not want any information shared with anyone outside WVTPA.

Family members:					
Name:					
(Last)		(First)			
Date of Birth:	Rating:	Novice	Amateur	Open	
Signature of Participant			Date		
Family members:					
Name:					
(Last)		(First)			
Date of Birth:	Rating:	Novice	Amateur	Open	
Signature of Participant			Date		
Family members:					
Name:					
(Last)		(First)			
Date of Birth:	Rating:	Novice	Amateur	Open	
Signature of Participant			Date		
Family members:					
Name:					
(Last)		(First)			
Date of Birth:	Rating:	Novice	Amateur	Open	
Signature of Participant			Date		
Family members:					
Name:					
(Last)		(First)			
Date of Birth:	Rating:	Novice	Amateur	Open	
Signature of Participant			Date		