



Victoria Riding for the Disabled Association

PO Box 412 Brentwood Bay, BC V8M 1R3

(778) 426-0506

vrda@shaw.ca

BN #89034 1977 RR0001

MEMBERSHIP FORM

NAME: _____

I am a rider **Exercise Rider** **Other**

ADDRESS:

Street _____

City: _____ Postal Code: _____

PHONE: _____ (H) _____ (W) _____ (C)

EMAIL ADDRESS: _____

1 YEAR: **\$20.00** _____

LIFE: **\$200.00** _____

DONATION: _____

DATE JOINED: _____

Paid by: **cheque** _____ **cash** _____

I am interested in volunteering: in the program _____ **in special events** _____

I consent to having notices, updates and newsletters sent to me by email.

Signature

"The purpose of the society is to provide a therapeutic riding program for children and adults with disabilities to promote their physical, psychological and social well being."



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