

**HIDDEN VALLEY WILD HORSE PROTECTION FUND
MEMBERSHIP FORM**



NAME: _____

ADDRESS: _____

PHONE #: _____ DOB: _____

EMAIL: _____

EMERGENCY CONTACT NAME: _____

PHONE: _____

MEMBERSHIP DUES: \$25.00 ANNUALLY	CASH	CHECK	CREDIT/DEBIT CARD
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TERMS AND CONDITIONS:

I agree that my annual membership is not valid until Hidden Valley Wild Horse Protection Fund (HVWHPF) receives my \$25.00 USD annual dues payment. I agree that my membership is valid for a 12 month period starting from the month payment is received and extending through the next 11 month period and may be renewed annually. My membership entitles me to be eligible as a HVWHPF volunteer. I agree to conduct myself in an orderly, respectful, responsible, and ethical manner and to treat all horses and other wildlife in a humane and appropriate manner while involved with any function or activity involving HVWHPF. Irresponsible and/or disrespectful conduct of any kind will be dealt with by the HVWHPF Board of Directors and may include expulsion from the organization. Minor children (17 years of age and under) must be supervised by an adult when attending any HVWHPF function, visiting HVWHPF rescued horses, or are in the vicinity of wild horses. ALL memberships are subject to the review and approval of the HVWHPF Board of Directors.

_____ My initials indicate my agreement to all terms and conditions regarding membership as a Hidden Valley Wild Horse Protection Fund member.

Please describe your experience with horses (have you owned horses, ridden horses, etc.). Don't be concerned if you don't have any experience with horses, as all necessary training will be provided.
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On the back of this membership form please indicate all activities and volunteer opportunities you would be interested in participating in.