



**BC Young Riders Dressage  
Membership Application  
Calendar Year: 20 \_\_**

<b>Personal Information (Please Print)</b>		
Name:		
Equine Canada: #	Horse Council BC: #	Other:
Address:		
Postal Code:	Birth Date:	
Telephone:	Email:	
Do you check your emails regularly?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Horse Information</b>		
Name:		Sex:
Breed:		Age:
Stable and Location		
<b>Training Information</b>		
Training Level:		Competition Level:
Do you train regularly?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Name of Coach:		
Coach Telephone Number:		
Coach Email Address:		
<b>Parents/Guardians</b>		
Name of parents/guardians:		
Address:		
Postal Code:	Telephone:	
Email:		
Willing to assist as needed:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Willing to work on executive:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<b>Signature:</b>		
Ideas and suggestion for program speakers, clinics or special events: (Use other side if necessary)		

**Please note: Membership is renewed annually on January 1. Fee: \$35.00  
Please send this application with a cheque for \$35.00 payable to BCYR Dressage to:**

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Port Coquitlam BC V3B 3R2  
Phone: 604-942-5668