



2020 PNER Membership Application

Membership year is the latter of January 1 or receipt of payment and Application thru end of December 31.

Mail to: PNER Membership
C/O LuAnn De Young
6795 NW High Heaven Rd, McMinnville OR 97128
Questions please email membership@pner.net

<input type="checkbox"/> Renew my membership <input type="checkbox"/> I am a new member	Primary Member Name <input type="checkbox"/> Senior <input type="checkbox"/> Junior <input type="checkbox"/> Novice* _____ Birthdate _____ Address _____ _____ PNER # _____ City, State , Zip Code _____ E-mail _____ Phone: _____ Female / Male <i>*A novice has completed no more than 150 lifetime miles if a Senior or no more than 300 lifetime miles if a Junior.</i>
<input type="checkbox"/> Single Membership \$4 <small>Over age 16 as of January 1</small> <input type="checkbox"/> Family Membership \$6 <small>Senior & Junior members living at single family residence as of Jan 1</small> <input type="checkbox"/> Associate Member \$	

For family membership please enter information for each family member at the same address. A Junior member is less than age 16 on January 1 of the ride season, a Novice has completed no more than 150 life time miles if a Senior or no more than 300 lifetime miles if a Junior. Novice standings are verifiable with AERC/EDRA/BC records.

Name: _____ <input type="checkbox"/> Senior <input type="checkbox"/> Junior <input type="checkbox"/> Novice DOB: _____ PNER ID _____	Name: _____ <input type="checkbox"/> Senior <input type="checkbox"/> Junior <input type="checkbox"/> Novice DOB: _____ PNER ID _____
Name: _____ <input type="checkbox"/> Senior <input type="checkbox"/> Junior <input type="checkbox"/> Novice DOB: _____ PNER ID _____	Name: _____ <input type="checkbox"/> Senior <input type="checkbox"/> Junior <input type="checkbox"/> Novice DOB: _____ PNER ID _____

I CERTIFY the information provided above is accurate and truthful; I am responsible for understanding the rules, and regulations of PNER. By applying for membership for myself and family members I agree we will comply with the PNER Bylaws, Rules and other governing regulations and requirements.

I FURTHER understand and agree endurance riding and the use of horses is a hazardous activity and I assume all risk and full responsibility for my safety, my equine's safety, for the safety of anyone who accompanies me to any PNER event. To the best of my ability I will be vigilant in preventing injury to other persons or equines.

In consideration of accepting membership in PNER, Inc, I, my heirs, executors, and administrators will waive, release and hold harmless and blameless PNER and all officers, directors, volunteers and staff thereof, from any and all right, claim or liability of damages or for any and all injuries that may be sustained by me, including injuries to animals or from any and all claims of any kind of nature that I might have. Furthermore, I do hereby acknowledge that said release will extend to any accidents, damages, or claims arising out of my membership caused by my own or by the acts of anyone or any animal within my control.

Each individual named on this application or his/her legal guardian if a minor, must sign below to make membership valid.

Signature: _____ Date: _____ How did you hear about PNER: _____

Second Adult covered by application, if applicable

Signature: _____ Date: _____

Legal Guardian for all minors covered by application, if applicable _____

Signature: _____ Date: _____