

Peninsula Reining Club

2026 Membership Form

Name: _____

Address: _____ Postal Code: _____

Phone Number: _____ E-mail Address: _____

Can we give your contact info to other club members?

Please circle: Yes or No

*Horse Council Membership #: _____ * Proof Required

*All PRC members must be members of Horse Council of BC

**WCRA Membership #: _____ NRHA Member #: _____

Please Circle Membership type: **Individual** **Youth** **Family**
\$20.00 **\$10.00** **\$40.00**

(Checks payable to Peninsula Reining Club)

Member Signature: _____ Date: _____

Youth Birthday (<18 as of January 1, 2026): _____

Guardian's Signature: _____

Completed Forms and Cheques can be sent to:

Peninsula Reining Club

6349 West Saanich Road

Saanichton, BC V8M 1W8

prcreining@gmail.com (etransfer available)