



**West Texas Drifters  
Region 1 District 2  
American Association of Sheriff's Poses & Riding Clubs  
Membership Form**

**November 2019 – October 2020**

Application as:      Regular Member      or      Associate Member      (Please mark clearly)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Children:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Dues:**

Family, annually \$25 \_\_\_\_\_ Individually, annually \$15 \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dues must be paid on or before the annual meeting in November, before special session and election of new officers.**