



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

November 2024 – October 2025

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.