

KITSAP SADDLE CLUB – 2019 MEMBERSHIP APPLICATION

Mailing address: P. O. Box 1042, Port Orchard, WA 98366
 Physical address: 1470 Saddle Club Road, Port Orchard, WA 98366
www.thekitsapsaddleclub.org



\$70 Family membership consists of up to 2 adults and their children or legal dependents under 18 yrs and/or through 23, enrolled full time in school and living in the same household. ALL individuals over 18 must sign below.

\$55 Individual Membership any person 18 years or older. Those under 18 must join under the family membership.

\$25 "Silver Top" membership any individual of the age of 65 or older. The Kitsap Saddle Club is an affiliate Club of the Washington State Horsemen.

Membership in the **Washington State Horsemen** is voluntary. If you wish to join WSH also please add \$41 for a Family and \$25 for an Individual membership. A member joining KSC under a Family membership can pay the WSH individual membership fee.

I am willing to assist with:

- Buildings & Lands
- Horse Shows
- Schooling Shows ("Playdays")
- Clinics
- Trail Rides / Prize Rides
- Parades
- Kitchen

Last Name _____ PHONE (____) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Head of Household (Sign Below) _____

Other Adult(s) (Sign Below) _____

Child _____ Birthdate _____

Child _____ Birthdate _____

Child _____ Birthdate _____

Child _____ Birthdate _____

EMAIL _____ print clearly.

PLEASE NOTE: The Hoofbeats newsletter and other club notifications are only sent via email.

Type of Membership: Family Individual Lifetime member

New

Renewal

Kitsap Saddle Club Membership Dues \$ _____

Washington State Horsemen Dues (optional) \$ _____

TOTAL AMOUNT PAID \$ _____

I agree to abide by the rules of the Kitsap Saddle Club as set forth in the Standing Rules and By Laws. Signature below constitutes a legal agreement to accept and abide by all By Laws, and authorizes the KSC Board Members to review and act accordingly to the display of any inappropriate acts or behavior at Club sanctioned activities.

Signature _____ Date _____

Signature _____ Date _____

For office use only
 Date Paid _____ Amount _____ Cash _____ Check # _____