



Application for Student Membership

Name _____ Date _____

Address _____

Home Phone _____ Business Phone _____ Cell Phone _____

Date of Birth _____ Age _____ Social Security Number _____

California Drivers License No. _____ (if applicable)

1. **Equestrian Interests:** _____

2. **Equestrian Experience:** _____

3. **Horses Owned:** _____

4. **Previous Boarding or Training Facility:** _____

5. **In Case of Emergency, please contact:** _____ **Relationship:** _____

Emergency Telephone No.: _____

6. **Allergies:** _____

7. **Other pertinent information:** _____

Signed _____

Date _____

Signed _____

Date _____