Date Received:_____ Cash or Check #:_____ Dues Paid: $_____.

MONROE COUNTY SADDLE CLUB, INC
MEMBERSHIP APPLICATION
PLEASE PRINT CLEARLY

ONE DAY MEMBERSHIP
$10

NAME:_____ **Home Phone:(_____)**_____

Email:_____**Cell Phone: (_____)**_____

Address:_____
Street City, State zip code

Employer's Name:_____**Occupation:**_____

SPOUSE NAME: _____**Cell Phone: (____)**_____

CHILDREN (legal dependents 18 years of age or younger):

Name	**Age**	**Name**	**Age**

Only FAMILY MEMBERS/DEPENDENTS listed on this form will be able to use the facilities

PERSONAL REFERENCES (2)
Name:_____
Phone:_____
Name:_____
Phone:_____

BUSINESS REFERENCES (2)
Name:_____
Phone:_____
Name:_____
Phone:_____

I hereby make application to join the MONROE COUNTY SADDLE CLUB, INC., and in doing so, I understand I am to have equal privileges with all members and I also understand and agree that I will not hold the MONROE COUNTY SADDLE CLUB, INC. responsible for damages to any of my property or injury to myself or members of my family. I also agree that as a member, I am obligated to participate in scheduled work parties and other events that will benefit and maintain the club, and must attend ***THREE meetings*** *and work* ***ONE horseshow*** *per year. Membership dues are payable on January 1 of every year. I understand that I am a PROBATIONARY member until passed by the Board of Directors. I hereby sign this application with this understanding.* **Membership dues are $40 annually.**

Member Signature:_____Date:_____

FOR CLUB USE ONLY

	Jan.	**Feb.**	**Mar.**	**Apr.**	**May**	**Jun.**	**Jul.**	**Aug.**	**Sep.**	**Oct.**	**Nov.**	**Dec.**
Member's Meeting	____	____	____	____	____	____	____	____	____	____	____	____
Horse Show	____	____	____	____	____	____	____	____	____	____	____	____
Work Party	____	____	____	____	____	____	____	____	____	____	____	____
Other Club Event:	____	____	____	____	____	____	____	____	____	____	____	____

Revised September 2018