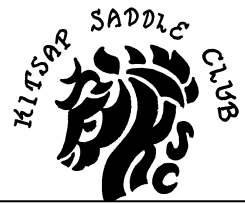


# KITSAP SADDLE CLUB - 2017 MEMBERSHIP APPLICATION

Mailing address: P. O. Box 1042, Port Orchard, WA 98366  
 Physical address: 1470 Saddle Club Road, Port Orchard, WA 98366  
[www.thekitsapsaddleclub.org](http://www.thekitsapsaddleclub.org)



**\$60 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.

**\$45 Individual membership** is any person 18 years or older. Those under 18 must join under the family membership.

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.

*Individual and family memberships are required to volunteer a minimum of ten (10) hours per year. Volunteer hours will be approved by a board member. If a total of ten (10) hours are not completed by years end, then member(s) will be billed \$10 for each hour of non-completed hours. Membership renewal will require that this payment be paid in full prior to membership acceptance.*

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.

- I am willing to assist with:
- Buildings & Lands
  - Horse Shows
  - Schooling Shows ("Playdays")
  - Clinics
  - Trail Rides / Prize Rides
  - Parades
  - Kitchen

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

✓ Type of membership:  Family  Individual  Lifetime member

<input type="checkbox"/> New	Kitsap Saddle Club Membership Dues	\$ _____
<input type="checkbox"/> Renewal	Washington State Horsemen Dues (optional)	\$ _____
	<b>TOTAL AMOUNT PAID</b>	<b>\$ _____</b>

***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 # \_\_\_\_\_