

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



MONROE COUNTY SADDLE CLUB, INC
MEMBERSHIP APPLICATION
PLEASE PRINT CLEARLY

Circle One:
NEW MEMBER
RENEWAL

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:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____