



Application for Membership

Name _____ Age _____

Res. Address _____

Bus. Address _____

Home Phone _____ Business Phone _____ Cell Phone _____

PREFERRED ACTIVITY: (check one)

Riding Club - Single ☐ Riding Club - Family Membership ☐ Polo Club ☐

Family Members:

Name (s): _____ Age _____

_____ Age _____

_____ Age _____

Horses owned: _____

Equestrian Experience: _____

REFERENCES:

A. Previous Boarding or Training Facility _____

Contact _____ Phone: () _____

B. Bank Reference _____

Contact _____ Phone: () _____

C. Social Security No. of responsible party _____ D. Driver's License No. of responsible party _____

Signed _____ Date _____

Signed _____ Date _____