

2019 Rainbow Saddle Club Associate Membership (Jan.1st - Dec.31st)

New member _____ Renewal _____

(Must submit form at a meeting or have a current RSC member sponsorship)

Please Print Clearly

Family Name: Last: _____ First: _____

Address: _____ City _____ MN, Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Email address: _____

Your monthly newsletter will come by the above email, please print clearly and update the secretary of any changes.

Please complete portion below:

List all included family members, First (and Last name if different), Date of birth with year, age group as of January 1st:

First name	Date of birth	10 & under	11-13	14-17	18 – 34	35 & over

Membership Rate:

\$50.00 Associate membership is per individual, non-voting, all ages; non eligible for Rainbow Award Programs.

No work hour requirement.

Number of Individual Associate Memberships _____ @ \$50.00 each. Total Paid

We/I do not hold Rainbow Saddle Club responsible for damage, injury or loss of property. I understand that I must be a member of RSC prior to May15th in order to be included on RSC's WSCA membership list. Any exceptions past this date will be at member expense.

I understand this entitles **only** the individuals listed above to ride at RSC grounds and agree to respect the property and rules. I agree to put away any equipment from the arena after each use. I agree to close and lock the main entrance gate upon leaving. Fees paid are non-refundable.

Signature: _____ Date _____

(Signature required by parent/guardian for a minor 17& under)

OFFICE USE ONLY:

Paid: Check# _____ Cash _____

Gate Lock Combination # _____