

2011 Saddlelite Riders Saddle Club, Inc Membership Application

Family Last Name: _____					
First Name: _____	Date of birth: _____	18 - 29	30 - 39	40 - 49	50 & Over
Spouse's Name: _____ Date of birth: _____ 18 - 29 30 - 39 40 - 49 50 & Over					
Address: _____					

Phone: (Home) _____ (Work) _____ (Cell) _____					
Email: (Home) _____ (Work) _____					
Email: (Other) _____					
Children					
1. _____	Date of birth: _____	Walt/trot	10 & U	11 - 13	14 - 17
2. _____	Date of birth: _____	Walt/trot	10 & U	11 - 13	14 - 17
3. _____	Date of birth: _____	Walt/trot	10 & U	11 - 13	14 - 17
4. _____	Date of birth: _____	Walt/trot	10 & U	11 - 13	14 - 17
5. _____	Date of birth: _____	Walt/trot	10 & U	11 - 13	14 - 17
6. _____	Date of birth: _____	Walt/trot	10 & U	11 - 13	14 - 17

Applicant agrees to hold corporation and membership faultless and blame free for any injury or damage sustained by him/her or his/her family while participating in club sponsored events.

Member signature: _____ Date signed: _____

If member is under 18 and joining as a single member, the signature of a parent or legal guardian is required.

Parent/guardian signature: _____ Date signed: _____

The Western Saddle Club Association (WSCA) requires that you complete ALL information requested above, including birth dates of all names on membership form. Please check and ensure that it is correct.

To Be Eligible For Year End Awards --- Be A Member in Good Standing

1. *I understand that I must work the club sponsored horse shows for the minimum amount of hours as established at the beginning of the calendar year.*
2. *Attend a minimum of 3 meetings unless excused by the Board of Directors for extenuating circumstances.*
3. *Provide a \$25.00 sponsorship to be paid with the membership fee.*

Member signature: _____ Date signed: _____

This form and all applicable fees must be submitted to the Club Treasurer. Membership applications must be approved by the Board of Directors. New member application fee \$5.00 (first year only)

Dues: Family \$15.00	Single \$7.50	New Member \$5.00	Dues: \$ _____
			Sponsorship \$ _____
			Total \$ _____

Mail to Club Treasurer: **Lynda Dent,
1062 Tiffany Place
Eagan, Minnesota, 55123**

****** This form must be filled out completely and signed in all areas to be valid membership application!**