



MEMBERSHIP APPLICATION

Please print or type

Date: _____

Name: _____ Birthdate (mo & day) _____

Name: _____ Birthdate (mo & day) _____

Child's Name: _____ Birthdate (mo & day) _____

Address: _____

Telephone: Home: _____ Cell: _____ Business: _____

Email Address: _____

Years in the area: _____ Sponsor's Name: _____

Number of Horses Owned: _____ Leased _____

Horse Trailer: _____

Horse Interests: Trail Riding _____ Trail Trials _____ Gymkhana _____ Showing _____ Other (Specify) _____

Brief Background (Include riding history, family, and any other information you feel important)

Return Form to: Cathy Alberti, Membership Chair
21646 Wasatch Mountain Rd.
Sonora CA 95370