



MEMBERSHIP APPLICATION

Please print or type

Date: _____

Name: _____ Birthdate (month/day) _____

Name: _____ Birthdate (month/day) _____

Child's Name: _____ Birthdate (month/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, continue on back)

Return Form to: Kris Watts Jordan, Membership Chair
20175 Sommette Dr.
Sonora, CA 95370

For Club Use Only

Date Application Received:	_____	Location of Ride:	_____
Sponsor:	_____	Date Voted In:	_____
Date Accepted by Board:	_____	Date Initiation Fee Paid:	_____
Date of First Meeting:	_____	Date Welcome Package Sent:	_____
Date of Second Meeting:	_____	Date Dues Paid:	_____
Date of Ride:	_____	Confirmed on Roster:	_____

