



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: Karen Rosasco, Membership Chair
PO Box 4866
Sonora, CA 95370
(209) 743-1788 or karenrosasco@rocketmail.com

(Revised 06/26/2022)

For Club Use Only

Date Application Received: _____
Sponsor: _____
Date Accepted by Board: _____
Date of First Meeting: _____
Date of Second Meeting: _____
Date of Ride: _____

Location of Ride: _____
Date Voted In: _____
Date Initiation Fee Paid: _____
Date Welcome Package Sent: _____
Date Dues Paid: _____
Confirmed on Roster: _____

