



MEMBERSHIP APPLICATION

\$50 FAMILY \$25 SINGLE

DATE: _____

Name: _____ 17/under 18-27 28-37 38-47 48+

Address: _____

City: _____ State: _____ Zip: _____

Home # _____ Cell # _____

Email _____

You MUST be legally married to qualify for a family membership.

Spouse Name _____

Cell # _____ Email _____

Children MUST legally belong to you to be on your family membership.

Children 17 & under (please list names, age (as of 1/1/23), & birthdate, continue on back if more room is needed)

Name _____ Age _____ DOB ____/____/____

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Name _____ Age _____ DOB ____/____/____

Name _____ Age _____ DOB ____/____/____

I acknowledge that I, The Participant, Parent or Legal Guardian, participate in this event totally at my own risk for injuries or property damage I or my family may incur and I acknowledge that the Participant, Parent or Legal Guardian, hereby release and hold harmless the sponsors, co-sponsor, their owners, their offices, directors, members, affiliations organizations and others acting on its behalf, from any claim, legal liability, legal action or right for damages, for any accident which my occur to me or my equine animal. I also assume and accept full responsibility for any damages done by me or my equine animal for this _____ Woodstock Cuba Saddle Club Show Season.

*****You must be a member to receive points and qualify for year-end awards*****

GOOD LUCK AD / SPONSORSHIP - OPTIONAL BUT ENCOURAGED

In an effort to continue to have the quality awards we have each year, we MUST bring in more sponsorship money. We are encouraging all families to place a \$50 or more "Good Luck" add and try to get some new sponsors as well. This is a GROUP effort. Please use the back of this form to write out what you like your ad to say and if you would like a photo with your ad please email it to our Graphic Designer, Heather Morgan, at kheather507@aol.com.

YES I would like to take out a \$50 (or more) good Luck ad to support my family & the club!

Membership \$ _____ + Sponsorship Amount: \$ _____ = TOTAL \$ _____ DATE ____/____/____

PAYMENT TYPE: CASH CHECK (# _____) COLLECTED BY: _____