

SALEM SADDLE CLUB

APPLICATION FOR INDIVIDUAL FAMILY MEMBERSHIP
(Applicant will be subject to a **background check** and dues must accompany this application.)

Name _____ Cell Phone _____ DOB _____

Mailing Address _____

Email Address _____ Employer _____

Employer Address _____ Occupation _____

Spouses and children 18 years of under included in the family membership

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Number of horses owned _____ Number of horses to be boarded _____ No stalls needed

Name and address of organization or stable where you've had a membership or boarded before?

Personal References

#1 Name _____ Phone _____

#2 Name _____ Phone _____

What are your equine interests and reasons for joining Salem Saddle Club? _____

Each member of the Salem Saddle Club is required to give service hours as a member of one of eight standing committees. Please indicate committee preferences using the scale of 1 (most interested) to 8 (least interested): _____ *Barn* _____ *Buildings and Grounds* _____ *Communications* _____ *Compost* _____ *Events & Fundraising* _____ *Finance* _____ *Housekeeping* _____ *Membership*

Release (If under 18 must be signed by a parent or legal guardian): I (We) hereby release the Salem Saddle Club from any liability for loss, damage, or injury to person, property, or livestock while said parties are on the premises. I (we) agree to abide by all the rules, regulations, and codes of conduct of the Salem Saddle Club. I (We) acknowledge that I (we) will be subject to a criminal background check following the submission of this application.

SIGNATURE _____ DATE _____

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OFFICIAL USE ONLY

Amount Paid \$ _____ Date _____ Rec'd by _____

Membership Approved: Yes _____ No _____ Date of Approval: _____

Notes _____