

GIBSON COUNTY SADDLE CLUB MEMBERSHIP APPLICATION

PLEASE CHECK ONE:

_____ Individual Membership \$15

_____ Family Membership \$25

Please Print clearly

FIRST NAME _____ LAST NAME _____

SPOUSE _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

(Do you want us to e-mail your newsletter? Yes __ No __)

HOME PHONE: _____ WORK PHONE _____

CELL PHONE _____ SPOUSE CELL _____

DATE OF BIRTH: _____ (For Individual Members under 18)

CHILDREN (or Parents Name and phone number if Member is under 18)

NAME _____ BIRTH DATE _____ AGE _____

NAME _____ BIRTH DATE _____ AGE _____

NAME _____ BIRTH DATE _____ AGE _____

NAME _____ BIRTH DATE _____ AGE _____

NAME _____ BIRTH DATE _____ AGE _____

PLEASE NOTE:

A family membership is defined as an immediate relative residing at the same address, 18 years of age and under. Membership includes a copy of the newsletter and voting privileges.

*****Annual membership fees must be paid prior to competing at events for points to count toward year-end awards*****

_____ Yes, you can give my information to other saddle club members

_____ No, please keep my information private

Please check one I do ___ do NOT___ give permission to have pictures of myself, my family or my animals posted on the GCSC website.

By signing this form you agree to read and abide by all GCSC rules and regulations and understand it is your responsibility to keep up with what requirements are for awards.

Signature _____ Date _____

Date Fees Paid _____ Name of GCSC officer taking fees _____