



SOUTH SEATTLE SADDLE CLUB 2011 APPLICATION FOR MEMBERSHIP

WWW.SOUTHSEATTLESADDLECLUB.ORG

PLEASE PRINT

DATE _____

MR/MRS/MS _____
FIRST MIDDLE LAST

PHONE (CELL): _____ PHONE (HOME): _____

BIRTHDATE _____ IF JR, what is your age: _____

ADDRESS _____ CITY _____ ZIP _____

E-MAIL _____

SPOUSE (if JR list your parent/guardian) _____

CHILDREN _____ BIRTH DATE _____ M/F _____

SPONSORED BY SSSC MEMBER _____

Do you belong to any other horse club or organization? Yes _____ No _____

If yes, please list _____

Occupation: _____ Number of horses _____

Our club is successful when every member helps out- please check the areas you will assist with:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Horse Shows (office, etc) | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Party/Event Planning |
| <input type="checkbox"/> Cook Shack | <input type="checkbox"/> Electrical | <input type="checkbox"/> Historian/Photography |
| <input type="checkbox"/> Work Parties | <input type="checkbox"/> Construction | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Facility work/repairs | <input type="checkbox"/> Fundraising | |

What skills can you bring to the club? (ie: carpentry, plumbing, etc.) _____

Will you be able to attend monthly business meetings? ___Y ___N If no, pls explain: _____

Can you attend at least 3 work parties every year? (1 Sat morning/month) _____

Please circle the membership you are applying for: INDIVIDUAL: \$40.00/YR FAMILY: \$ 60.00/YR

BY SIGNING BELOW, I HEREBY AGREE TO ABIDE BY THE CONSTITUTION AND THE BYLAWS OF THE SOUTH SEATTLE SADDLE CLUB, INC AND TO MAINTAIN AND UPHOLD THE IDEALS OF TRUE HORSEMANSHIP AT ALL TIMES.

SIGNATURE _____ DATE _____
(IF JR, PARENT /GUARDIAN SIGNATURE)

For Office Use Only:	
_____ Date Associate Membership Approved	Member Mentor: _____
_____ Date Full Membership Approved	