



SALEM SADDLE CLUB

APPLICATION FOR INDIVIDUAL FAMILY MEMBERSHIP

(Applicant will be subject to a **background check** and dues must accompany this application.)

Name/s _____ Cell Phone _____ DOB _____

Mailing Address _____

Email (billing): _____ Employer _____

Employer Address _____ Occupation _____

Drivers License No. _____ Office Use (Photo Copy)

Family/household members and children 18 years or 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 choose a preferences using the scale of 1 (most interested) to 8 (least interested): *Turn in volunteer hrs. to main office

<i>Barn</i>	<i>Buildings and Grounds</i>	<i>Communications</i>	<i>Compost</i>
<i>Events & Fundraising</i>	<i>Finance</i>	<i>Housekeeping</i>	<i>Membership</i>

By signing this document / 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) have read, understood and 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 form.

SIGNATURE _____ DATE _____

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OFFICIAL USE ONLY

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

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

Notes _____