



## MEMBERSHIP APPLICATION

Please print or type

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate (month/day) \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate (month/day) \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate (month/day) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

Email Address: \_\_\_\_\_

Years in the area: \_\_\_\_\_ Sponsor's Name: \_\_\_\_\_

Number of Horses Owned: \_\_\_\_\_ Leased \_\_\_\_\_

Horse Trailer: \_\_\_\_\_

Horse Interests: Trail Riding \_\_\_\_\_ Trail Trials \_\_\_\_\_ Gymkhana \_\_\_\_\_ Showing \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Brief Background (Include riding history, family, and any other information you feel important, continue on back)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return Form to: Nancy Sheldon, Membership Chair  
PO Box 122  
Twain Harte, CA 95383  
(209) 206-0296 or [ncysheldon@gmail.com](mailto:ncysheldon@gmail.com)

(Revised 05/25/2023)

For Club Use Only

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Date Application Received: \_\_\_\_\_  
Sponsor: \_\_\_\_\_  
Date Accepted by Board: \_\_\_\_\_  
Date of First Meeting: \_\_\_\_\_  
Date of Second Meeting: \_\_\_\_\_  
Date of Ride: \_\_\_\_\_

Location of Ride: \_\_\_\_\_  
Date Voted In: \_\_\_\_\_  
Date Initiation Fee Paid: \_\_\_\_\_  
Date Welcome Package Sent: \_\_\_\_\_  
Date Dues Paid: \_\_\_\_\_  
Confirmed on Roster: \_\_\_\_\_