



## 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)

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Return Form to: Chris Walpole, Membership Chair  
P O Box 1517  
Jamestown, CA 95327  
[cwalpole54@att.net](mailto:cwalpole54@att.net)

For Club Use Only

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: \_\_\_\_\_

(Revised 04/30/2026)