

APPLICATION FOR INDIVIDUAL FAMILY MEMBERSHIP

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

Name/ <u>s</u>					
Mailing Address					
Email (billing):			Employer		
Employer Address _				Occupation	
Drivers License No.		C	Office Use (Photo Copy)		
Family/household n	nembers and chi	ldran 18 va:	ars or under included	in the family mem	harshin
		-		-	bersinp
				DOB	
Number of horses of	wned Nu	ımber of ho	rses to be boarded _	No stalls need	ded
Name and address	of organization o	or stable wh	ere you've had a mer	mbership or boarde	ed before?
Personal Reference					
#1 Name					
#1 Name #2 Name				Phone	
#1 Name #2 Name What are your equi	ne interests and ne Salem Saddle Clu	reasons for ub is required	joining Salem Saddle	Phone e Club? a member of one of ei	ght standing committees.
#1 Name #2 Name What are your equi Each member of t Please choose a pre	ne interests and ne Salem Saddle Clu ferences using the	reasons for ub is required scale of 1 (mo	to give service hours as a state interested) to 8 (least i	Phone e Club? a member of one of eignterested): *Turn in vo	
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