FRIENDLY HORSEMAN'S CLUB

260 Kline Road
Stevens, PA 17578
Friendlyhorsemansclub@gmail.com
Mailing address: P.O Box 176 Denver, PA 17517

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____

ALL DUES ARE FOR THE MEMBERSHIP YEAR JANUARY 1ST TO DECEMBER 31ST
ANNUAL DUES MUST BE PAID BY APRIL 1st OF MEMBERSHIP YEAR
Remit to: Friendly Horseman's Club, PO Box 176, Denver, PA 17517

RENEWAL MEMBERSHIP

☐ **Active Family** (Residing in a single household, participates at 5 activities within show year) **$35.00-** *LIST FAMILY MEMBERS*
_____
_____

☐ **Active Single** (Over the age of 18, participates at 5 activities within show year) **$20.00**

☐ **Social Family** (Residing in a single household) **$50.00-** *LIST FAMILY MEMBERS*
_____
_____

☐ **Social Single** (Over the age of 18) **$30.00**
☐ **Junior** (Under the age of 18) **$15.00**

NEW MEMBERSHIP

☐ **New Family** (Residing in a single household, participates at 5 activities within show year) **$50.00-** *LIST FAMILY MEMBERS*
_____
_____

☐ **New Single** (Over the age of 18) **$30.00**

☐ **Junior** (Under the age of 18) **$15.00**

***** New applicants without a sponsor must attend a regular meeting for introductions & initiate the voting process*****

Please circle the following area(s) you would be interested in helping with:

Dressage Shows Fun Shows Mini Shows Barrel Bash/Gaming Series Fundraising

Memorial Day Parade Kitchen Committee Grounds Committee Tack Sale Committee

Show Committee Year End Awards Committee Social Events Committee Sponsorship Committee

Member Directory: I grant the Friendly Horseman's Club permission to list my address and phone number in our Member Directory, that will go out to club members ONLY. _____ **(initial)**

Photo Release: I grant the Friendly Horseman's Club permission to take photographs of me with or without my name for any lawful purpose, including purposes of publicity, illustrations, advertising, and web content. _____ **(initial)**

Signature of Applicant **(Parent or Guardian if under 18):**

_____ Date: _____

**By signing this application, you agree to and understand the statements within this document.

**** YOU MUST ALSO SUBMIT THE FRIENDLY HORSEMAN'S LIABILITY DISCLAIMER ****