



WOODLAND PARK SADDLE CLUB

MEMBERSHIP APPLICATION

(APPLICANT MUST BE 18 YEARS OF AGE)

Dear Applicant,

Paid membership dues entitle member(s) to voting, attendance at private Club functions, discount admission to Club events and the use of any Club facilities.

In an effort to protect your privacy the Club will only share the information designated below by you. The Club will never share any of your information with an outside entity unless specifically permitted to do so or required by law. We encourage that you share some contact information for networking purposes.

I agree that the Club can share the following information on a general membership roster with **membership only** (Check all that apply). If nothing below is checked the Club assumes that it is **NOT** okay to share your contact information with members who request it.

___ Name ___ Mailing address ___ Email address ___ Phone number(s)

___ Family member's names (for family memberships only)

Printed Name of Applicant(s)

Signature(s) of Applicant(s)

_____ Date: _____

_____ Date: _____



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Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Other Telephone: _____

Type of Membership applying for:

____ New Member - \$35 Single ____ New Member - \$60 Family

____ Renewal - \$25 Single ____ Renewal - \$50 Family

In consideration of accepting this application, I hereby, for myself, my family, my heirs, executors and administrators, waive and release and all rights and claims for damages I may have against the WPSC, their representatives, successors, and assigns, for any and all injuries suffered by myself or my family at any activity sponsored by the WPSC.

Signature(s) of Applicant(s)

_____ Date: _____

_____ Date: _____

Printed Name and Signature of Sponsor (NEW MEMBERS ONLY) (IF NO SPONSOR LEAVE BLANK)

_____ Date: _____

Printed Sponsor Name

Sponsor Signature

Please list the names, birth dates and ages of all members whom this application applies:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____



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Please indicate which you are interested in or you may like to assist with: (Check all that apply)

- | | | | |
|--|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Educational Horse Clinics | <input type="checkbox"/> Gymkhanas | <input type="checkbox"/> Dances | <input type="checkbox"/> Roping |
| <input type="checkbox"/> English Horse Events | <input type="checkbox"/> Youth Activities | <input type="checkbox"/> 4-H | <input type="checkbox"/> Rodeos |
| <input type="checkbox"/> High School Rodeo Club | <input type="checkbox"/> Social Functions | <input type="checkbox"/> Parades | <input type="checkbox"/> Royalty |
| <input type="checkbox"/> Wilderness Pack Trips | <input type="checkbox"/> Advertising | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Building |
| <input type="checkbox"/> Sponsorship | <input type="checkbox"/> Work Days | <input type="checkbox"/> Trail Rides | |
| <input type="checkbox"/> Other: _____ | | | |

Please indicate your equine ownership status:

- YES – Have horse(s)
- NO – Do not have a horse(s), but interested in learning about them
- Not interested in horse events

Return the completed application with your check payable to: **Woodland Park Saddle Club**

Attn: Membership
P.O. Box 9005
Woodland Park, CO 80866-9005

If you have any questions, please call 791-687-9975

OFFICE USE ONLY

Date Received: _____ Payment Received: _____ Check#: _____

Date Voted On: _____ Approved: ___ YES ___ NO

Member Card Sent: _____ Membership List Updated: _____

Notes: _____