

Punx'y Saddle Club, Inc.
P.O. Box 391
Punxsutawney, PA 15767

www.punxysaddleclub.com or
www.punxysaddleclub.webs.com

2011 NEW MEMBERSHIP APPLICATION FORM

Membership runs
March 1st 2011 to March 1st 2012

NAME _____ Phone _____

ADDRESS _____ City _____ Zip _____

____ Yes, I would like to receive information by e-mail. It is my responsibility to maintain my current account information with the club; E-Mail Address-Print Clearly;

____ Yes, I have accident and/or medical insurance.

____ Yes, I understand that participation in activities held by Punx'y Saddle Club, Inc are voluntary and I assume the responsibility of riding at my own risk. The Punx'y Saddle Club, Inc. is not responsible for injuries to members or horses. The club is not responsible for loss of or damaged items. *The Punx'y Saddle Club, Inc. carries 3rd party liability insurance. Members cannot make claims against the club.

____ **Jr. MEMBERSHIP – NON-VOTING - \$15***** (under 18 yrs as of 1/1/11)

If 4-H member indicate what county and club _____ DOB _____

____ **SINGLE MEMBERSHIP - \$25***** (18 yrs and over as of 1/1/11)

____ **FAMILY MEMBERSHIP - \$40 ***** (includes children under age 18)

LIST NAMES AND AGES OF ALL IMMEDIATE FAMILY MEMBERS INCLUDED UNDER YOUR MEMBERSHIP

(birthdates of Jr.members) _____

On the back of this application, please state your reason (s) for deciding to become a member of "The Punx'y Saddle Club" and how you came to know of the club. Please include *any personal information such as type of horses you own, riding disciplines you participate in; or like to watch. *If you have an area of expertise that you would be willing to share or promote or an area that you would be interested in learning more about or seeing the club promote* Activities you would participate in if held *Also, how you may be able to help promote the club and in what areas you will be able to fulfill your commitment to the club's success.

VOTING STATUS IS CONTINGENT UPON ATTENDENCE AND WORKING EVENTS AS STATED IN THE 2008 BY-LAWS. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO READ AND BECOME FAMILIAR WITH SAID BYLAWS as well as other rules applying to events. I AGREE TO FOLLOW THE CURRENT RULES/BY-LAWS OF THE PUNX'Y SADLE CLUB. I UNDERSTAND MY APPLICATION WILL BE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL. IF MY APPLICATION IS NOT ACCEPTED MY MEMBERSHIP FEE WILL BE RETURNED TO ME. When approved, your membership will take effect at the next regular club meeting. New members must meet criteria per Bylaws before becoming eligible to vote or be a committee head. Please mail your application to the address above or send to the board through any club member prior to regular meetings (4th Wednesdays).

____ Yes, I give permission for the club to publish (i.e. a Newspaper, our newsletter, slide show, or club website) photos of my family (including Jr. members) and horses that may be taken at club events.

SIGNATURE (S)/Parent or Guardian if Jr. Member: _____

Date Rcvd _____ Rcvd by _____ (cash ___ amt _____) (check # _____ amt _____)