



Membership Application

Date: _____

Annual Dues \$50.00 - *single*

Date paid: _____ *#100/family*

Name: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

Employer: _____

Do you plan to participate in parades? Yes No

Are you a member of other horse clubs? If yes, which ones? _____

List all family members:

Name:	Date of Birth:	Sex:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sponsored by _____

Applicant's Signature _____

Rolling Hills Riding Club Liability Release Form

This release is for any and all liability for personal injuries and property loss or damage occasioned by or in connection with any activity for this event. The undersigned further agrees to abide by all the rules enforced by Rolling Hills Riding Club and/or persons working throughout your visit.

Date: _____

Name (print): _____

Signature: _____

Parent/Guardian (if under 18): _____