

UNION COUNTY SADDLE CLUB

2017 MEMBERSHIP

NAME:	
ADDRESS:	CITA TIPE
CITY:	STATE:
ZIP:	
PHONE:	2nd PHONE:
CELL PHONE:	
FAX:	
E-MAIL:	
TYPE OF MEMBE	RSHIP:
INDIVIDUAL OI	R HOUSEHOLD MEMBERSHIP: \$50.00
CLUB SUPPORT	ER WHO DOES NOT RIDE IN THE ARENA: \$25.00
IF THIS IS A HOU	SEHOLD MEMBERSHIP, PLEASE LIST NAMES OF ALL FAMILY
	F UNDER 18, LIST BIRTH DATES. TO BE ELIGIBLE ON YOUR
	HEY MUST LIVE UNDER YOUR ROOF.
MEMBERSHIP, T	HEY MUST LIVE UNDER YOUR ROOF.
MEMBERSHIP, T	HEY MUST LIVE UNDER YOUR ROOF. DATE OF BIRTH
MEMBERSHIP, TO NAME: 1	HEY MUST LIVE UNDER YOUR ROOF. DATE OF BIRTH
MEMBERSHIP, T NAME: 1 2	HEY MUST LIVE UNDER YOUR ROOF. DATE OF BIRTH
MEMBERSHIP, T NAME: 1 2 3	HEY MUST LIVE UNDER YOUR ROOF. DATE OF BIRTH
MEMBERSHIP, T	HEY MUST LIVE UNDER YOUR ROOF. DATE OF BIRTH
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MEMBERSHIP, T	HEY MUST LIVE UNDER YOUR ROOF. DATE OF BIRTH
MEMBERSHIP, T	DATE OF BIRTH
MEMBERSHIP, TO NAME: 1 2 3 4 5 MAKE CHECKS (DATE OF BIRTH OR MONEY ORDERS PAYABLE TO:
MEMBERSHIP, T	DATE OF BIRTH OR MONEY ORDERS PAYABLE TO:
MEMBERSHIP, TO NAME: 1 2 3 4 5 MAKE CHECKS (DATE OF BIRTH DR MONEY ORDERS PAYABLE TO: "UNION COUNTY SADDLE CLUB"
MEMBERSHIP, TO NAME: 1 2 3 4 5 MAKE CHECKS (DATE OF BIRTH OR MONEY ORDERS PAYABLE TO: "UNION COUNTY SADDLE CLUB"

LIABILITY STATEMENT (Read Carefully): <u>Application indicates concurrence</u>. Under Georgia law, an equine activity sponsor or equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities, pursuant to Chapter 12, Title 4 of the Official Code of Georgia Annotated.