



Mid-Mo Saddle Club

MID MO SADDLE CLUB

2009 Membership Application

Family Membership \$20.00/year Single Membership \$12.00/year

PLEASE PRINT LEGIBLY

Applicant (Primary Family Contact): _____

Address: _____ City, State, Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ E-mail address: _____

Do you want to receive newsletters and information by email or snail mail? Email Regular Mail

Names and Birthdates of Family Members:

_____ Birth Date _____ _____ Birth Date _____

_____ Birth Date _____ _____ Birth Date _____

_____ Birth Date _____ _____ Birth Date _____

As with any club, the success of events depends upon the cooperation and coordination of its members. Some of the duties that we need help with include the entry booth, ring steward, mowing and grounds keeping, gate, and announcer among many others. No one is expected to do any job the whole time as everyone likes to show, but if any of these duties appeal to you, please indicate below or let one of the officers know!

I would like to assist with: _____

Interests: (please check all that apply)

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Showing: Halter | <input type="checkbox"/> Games ie. catalog, egg & spoon | <input type="checkbox"/> Seminars |
| <input type="checkbox"/> Showing: Performance | <input type="checkbox"/> Driving | <input type="checkbox"/> Hayrides |
| <input type="checkbox"/> Speed Events ie. barrels, poles | <input type="checkbox"/> Trail Rides | <input type="checkbox"/> Potlucks |
| <input type="checkbox"/> Reining | <input type="checkbox"/> Parades | <input type="checkbox"/> Socializing |

Other (please specify) _____

Note: The MID MO SADDLE CLUB, its officers, or any member thereof, are not responsible and will not be held liable for accidents or damage done to any person, animal or property at any time, place or event sponsored by, or otherwise affiliated with, this club or its officers, representatives or members thereof.

Applicant's Signature _____

Date: _____

Complete this form and mail with your payment of dues to:

Mid MO Saddle Club
Karen Craighead, Treasurer
5098 County Road 115
Fulton, MO 65251