

SAND HILL SADDLE CLUB MEMBERSHIP APPLICATION

		DATE:			
Name:	Phone (CELL):				
Address:	Phone (HOME):				
City:		State:	Zip:		
Email: ***********	****	· • • • • • • • • • • • • • • • • • • •			
Membership Year		hip Type (please		· · · · · · · · · · · · · · · · · · ·	
Family Membership Renewal \$35 (\$30 if paid prior to March 15 th)		New Family Membership \$35 (\$30 if paid prior to March 15 th)			
Individual Membership (\$20 if paid prior to March 15th)	New Individual Membership \$25 (\$20 if paid prior to March 15 th)				
\$Total Paid Cas	h OR Check	_ Please ma	ke out checks to SH	SC	
Family Membership: Please list the r Name	Date of Birth	•	need please use back ome	of form) Date of Birth ———————————————————————————————————	
Mail Membership form to: Charlotte ***********************************	*******	*******	********	********	
SANDHILL SADDLE CLUB the irrevocable Facebook page, press releases and any o	right and license to use my	name and/or photo	graph on the Sandhill Sa	ddle Club's web site	
I agree to hold Sandhill Saddle Club harm photograph and hereby release and discland/or image.		_	=		
Signature:(IF A FAMILY MEMBER IS UNDER THE AGE OF 18, I	Date:				
(IF A FAMILY MEMBER IS UNDER THE AGE OF 18, I	PARENT OR GUARDIAN MUST SI	GN)			
Under Kansas Law, there is no liability for inherent risks of domestic animal activity domestic animal activity. K.S.A. 60-400	ties or pursuant to Section			_	
Signature:	Date:				