



# UTE PASS SADDLE CLUB

## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

I would like to receive the newsletter by:  Email  Regular mail

Type of Membership applying for: (CHECK ONLY ONE)

New Member - \$35 Single  New Member - \$60 Family  Youth(\*) - \$15

Renewal - \$25 Single  Renewal - \$50 Family  Renewal - \$10

Paid membership dues with the exception of a Youth Membership, entitles member(s) to voting privileges at the elections/annual meetings, attendance at private Ute Pass Saddle Club functions, discount admission to Ute Pass Saddle Club events and the use of any Ute Pass Saddle Club facilities.

In consideration of accepting this application, I hereby, for myself, my family, my heirs, executors and administrators, waive and release and all rights and claims for damages I may have against the Ute Pass Saddle Club, their representatives, successors, and assigns, for any and all injuries suffered by myself or my family at any activity sponsored by the Ute Pass Saddle Club.

\_\_\_\_\_  
SIGNATURE OF APPLICANT Date: \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME OF PARENT/GUARDIAN (YOUTH MEMBERSHIP ONLY)

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN (YOUTH MEMBERSHIP ONLY) Date: \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME OF SPONSOR (NEW MEMBERS ONLY) (IF NO SPONSOR LEAVE

\_\_\_\_\_  
SIGNATURE OF SPONSOR (NEW MEMBERS ONLY) (IF NO SPONSOR LEAVE BLANK) Date: \_\_\_\_\_

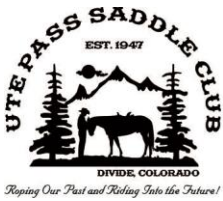
Please list the names, birth dates and ages of all members whom this application applies:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_



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I am interested in the following areas: (CHECK ALL THAT APPLY)

- |  |   |                                       |                                      |
|--|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Educational Clinics   | <input type="checkbox"/> Gymkhanas        | <input type="checkbox"/> Trail Riding | <input type="checkbox"/> Roping      |
| <input type="checkbox"/> English Horse Events  | <input type="checkbox"/> Youth Activities | <input type="checkbox"/> Dances       | <input type="checkbox"/> 4-H         |
| <input type="checkbox"/> Social Functions      | <input type="checkbox"/> Trail Rides      | <input type="checkbox"/> Parades      | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Wilderness Pack Trips | <input type="checkbox"/> Maintenance      | <input type="checkbox"/> Dances       | <input type="checkbox"/> Parades     |
| <input type="checkbox"/> Sponsorship           | <input type="checkbox"/> Work Days        | <input type="checkbox"/> Royalty      | <input type="checkbox"/> Rodeos      |
| <input type="checkbox"/> Gymkhanas             | <input type="checkbox"/> Youth Activities | <input type="checkbox"/> Concessions  | <input type="checkbox"/> Building    |
| <input type="checkbox"/> Other: _____          |   |                                       |                                      |

Please indicate your equine ownership status:

- YES – Have horse(s)
- NO – Do not have a horse(s), but interested in learning about them
- Not interested in horse events

**(\*) YOUTH MEMBERSHIP**

1. Member will attend/assist at least two (2) General Membership Meetings
2. Member will be required to work/help at least 6 events from the following:
  - a. Kick-off party
  - b. Arena/grounds clean-up
  - c. Parades
  - d. Gymkhanas
  - e. Represent the Ute Pass Saddle Club at approved rodeos/events.

Failure to meet any of these requirements may result in revocation of membership and/or forfeiture of dues paid.

Return the completed application with your check payable to: **UTE PASS SADDLE CLUB**

Attn: Membership

P.O. Box 9005

Woodland Park, CO 80866-9005

*If you have any questions, please call 791-687-9975*

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Payment Received: \_\_\_\_\_

Check#: \_\_\_ Amount \$ \_\_\_\_\_ PayPal: \$ \_\_\_\_\_ Credit Card: \$ \_\_\_\_\_

Date Voted On: \_\_\_\_\_ Approved: \_\_\_ YES \_\_\_ NO \_\_\_\_\_

Member Card Sent: \_\_\_ Membership List Updated: \_\_\_

Notes: \_\_\_\_\_