



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 (\$12.00 per year)

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 (Youth & LT) - \$10 |
| Provisional - \$35 Single | Provisional - \$60 Family | ___ Provisional Youth - \$15 |

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

Date:

SIGNATURE OF PARENT/GUARDIAN (YOUTH MEMBERSHIP ONLY)

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

Date:

SIGNATURE OF SPONSOR (NEW MEMBERS ONLY) (IF NO SPONSOR LEAVE BLANK)

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

* Family membership applies to two (2) adults and any children under the age of eighteen (18) as of February 1st of the fiscal year.

Name:	Date of Birth:	Age:
Name:	Date of Birth:	Age:
Name:	Date of Birth:	Age:
Name:	Date of Birth:	Age:
Name:	Date of Birth:	Age:



UTE PASS SADDLE CLUB

MEMBERSHIP APPLICATION

I am interested in helping with or participating in the following areas or events: (CHECK ALL THAT APPLY)

- | | | | |
|---------------------|------------------|--------------|----------|
| Educational Clinics | Gymkhanas | Trail Riding | Roping |
| English Events | Youth Activities | 4-H | Parades |
| Social Functions | Advertising | Rodeos | Royalty |
| Maintenance | Sponsorship | Work Days | Building |
| Other: | | | |

Please indicate your equine ownership status:

YES – Have horse(s)

NO – Do not have a horse(s), but interested in learning about them

(* 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 **719-271-1090***

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: