



An Adult Riding Club
APPLICATION FOR MEMBERSHIP

Name(s): _____
Address: _____
City: _____ State _____ Zip Code: _____
Home Phone: _____ Business Phone: _____
Cell Phone: _____
Email Address: _____

Number of Horses Owned: _____ What Breed(s): _____
What type of activities are you interested in?
Trail Riding _____ Potluck Dinners: _____
Trail Maintenance: _____ Club Management: _____
Horse Training: _____ Newsletter: _____
Clinics: _____ Pack Trips: _____
Overnight Trail Rides: _____ Educational Programs: _____
Weekday Rides: _____ Other: _____

What other equestrian groups do you belong to? _____
What activities do you enjoy with them? _____
What SRVHA activities have you attended? _____

Sponsored by (SRVHA member): _____

Please read the Trail Rules. Date and sign this completed form and mail, along with your check made payable to SRVHA and the *Release of Liability* form, to:

San Ramon Valley Horseman's Association
P. O. Box 403
Danville, CA 94526

ANNUAL DUES
\$45.00 per couple
\$30.00 per person

INITIATION FEE
\$5.00 per couple
\$2.50 per person

Signed: _____ Signed: _____ Date: _____