

**SULLIVAN SADDLE CLUB
2017 MEMBERSHIP APPLICATION**

Name _____

Address _____

City/State/Zip _____

Email Address _____

Home Phone _____

Cell Phone _____

FAMILY (\$30.00) _____ **SINGLE (\$15.00)** _____

(A "family" is a parent or parents who live together, or grandparent or grandparents who live together, and their children or grandchildren who are 17 years of age or younger.)

Adult Members	Age	Children	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Referred By: _____

Make checks payable to Sullivan Saddle Club and send membership form and dues to:

Sullivan Saddle Club
Attn: Pam Ramsey, Treasurer
PO Box 725
Sullivan, MO 63080

Applicant acknowledges that the Sullivan Saddle and Harness Club is not responsible for any accident, injury or damage to persons, animals or personal property while on the Saddle Club grounds.

WARNING: Under Missouri law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the Revised Statutes of Missouri. (R.S.Mo Sec. 537325)

Applicant also acknowledges that inappropriate behavior or treatment of persons or animals may be cause for expulsion from the grounds and termination of membership.

Signature _____

Date _____