

Johnstown Saddle Club Membership Form

Date: _____ New Member Returning Member

Family Name: _____

Address: _____

City, State & Zip: _____

Primary Phone: () _____ Secondary Phone: () _____

Email Address: _____

First name of immediate family members
(Maximum of 2 adults and their dependent children)
Please include the birth date and age of each child

This form must accompany payment
Membership dues are \$35.00 per family or \$25 for individual annually
The JSC year runs from January – December

Please mail to: **Johnstown Saddle Club**
2601 S County Rd 19
Loveland, CO 80537

*Requirements for year-end highpoint awards

- ✓ Attend at least 4 monthly meetings through the qualifying period of January-September of that year.
- ✓ Provide at least 4 volunteer hours (per rider) at any of the Johnstown Saddle Club Events
- ✓ Compete in a minimum of 3 Gymkhana/Shows, and compete in at least 2/3 of the classes in their age group offered at the event
- ✓ Have no outstanding debt owed to the Johnstown Saddle Club
- ✓ Be a member in good standing at the time the points are earned

*In making this application, applicant declares that applicant and applicant's family will be/is a current Johnstown Saddle Club member(s), and is subject to and agrees to be bound by all provisions of the Bylaws and General Rules of the Johnstown Saddle Club as they now exist or may periodically be amended, knowledge of which applicant and applicant's family now has or will immediately acquire.

Signature: _____ Date: _____