Johnstown Saddle Club Membership Form

Date:		New Member		Returning Member $\ \square$
Family Name:				<u>-</u>
Address:				
City, State & Zip:				
Primary Phone: ()	Secondary Pho	ne: ()
Email Address: _				
•	dults and the	y members ir dependent children) and age of each child		
This form must ac Membership due: The JSC year runs	s are \$45.00	per family or \$35 for individ	lual an	nually
Please mail to:	Johnstown S 1907 S. Ga Loveland, C	rfield Ave		
✓ Provide at lea✓ Compete in a age group off✓ Have no outs	st 4 monthly mast 4 volunteer mannimum of 3 fered at the event of the contraction of the event o	eetings through the qualifying per hours (per rider) at any of the Joh Gymkhana/Shows, and compete	nstown in at le b	Saddle Club Events
current Johnstown	Saddle Club m	int declares that the individual ar ember(s), and is subject to and a he Johnstown Saddle Club as the	grees to	be bound by all provisions of
Signature:			Dat	e: