

**MIDLANDS SADDLE CLUB NEW MEMBER APPLICATION 2012**

**MEMBERSHIP LEVEL:**

SINGLE \$20.00 \_\_\_\_\_ DUES PAID: \_\_\_\_\_  
FAMILY \$25.00 \_\_\_\_\_ DUES PAID: \_\_\_\_\_

**NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ HOME \_\_\_\_\_ CELL \_\_\_\_\_

**FAMILY MEMBERS:**

- \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_  
- \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_  
- \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_  
- \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

Did a club member encourage you to join? If so, who?  
Do you own a farm or business? If so, please give name and type.

Are you a member of other equine clubs or associations? If so, please list them.

What kind of equine activities are you most interested in?

**IN CASE OF EMERGENCY, NOTIFY:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

Preferred person to handle horses and personal property in case of emergency:

Please give information on health conditions or allergies that may affect treatment:

**EQUINE FAMILY MEMEBERS:**

NAME \_\_\_\_\_ BREED \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ G \_\_\_\_\_ AGE \_\_\_\_\_  
NAME \_\_\_\_\_ BREED \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ G \_\_\_\_\_ AGE \_\_\_\_\_  
NAME \_\_\_\_\_ BREED \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ G \_\_\_\_\_ AGE \_\_\_\_\_  
NAME \_\_\_\_\_ BREED \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ G \_\_\_\_\_ AGE \_\_\_\_\_

**\*\*Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7 of Title 47, Code of Laws of South Carolina.**

**Signature of all Adult Members are Required:** *Note: Underage children are the responsibility of their parents and/or guardians.*  
\_\_\_\_\_  
\_\_\_\_\_

Mail to : Cathy Hungiville  
c/o Midlands Saddle Club  
5841 Lakeshore Dr.  
Cola., SC 29206