



CHAMBERSBURG SADDLE CLUB

2019 Member Application

- ◇ A family membership includes both parents and any children under 18 years of age.
- ◇ A single membership will be one person—the name that appears on the application.
- ◇ Membership is good from January 1, 2019 to December 31, 2019. There is a 90 day grace period (from January 1st to April 1st. If member dues are not paid by April 1st, membership privileges and rights will expire until dues are paid. (The gate code will be changed April 1st 2019.)
- ◇ Please complete the application below and mail it, with your check made payable to, **Chambersburg Saddle Club.**
 - ◇ Mail to: Chambersburg Saddle Club P.O. Box 118 Fayetteville, PA 17222.

Hold Harmless Agreement: In accepting this membership, I (We) hereby release the Chambersburg Saddle Club, their officers, members and all landowners of land on which I (We) ride from any claim or right from damages, which may occur to me (us) or my (our) guest(s) or any of our horses. I (We) also assume and accept full responsibility for damages done by me (Us), or my guest, or our horses, while on Chambersburg Saddle Club lands.

Photo Release: I grant Chambersburg Saddle Club permission to take photographs of me, may use such photographs of me with or without my name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Signatures of all members 18 and over, or parent /guardian of members 17 and under.

I hereby make my application for membership to the Chambersburg Saddle Club for the year of 2019.

_____ Single Membership \$15.00

_____ Family Membership \$30.00

Total money owed \$ _____

Names & Ages of Applicants: _____

Phone Number: _____

Mailing Address: _____

Email Address: _____

All above information is kept confidential and will not be used for outside soliciting purposes. Please refer to our website for updates and current information at www.chambersburgsaddleclub.com. Or find us on Facebook!

Email us at chambersburgsaddleclub@gmail.com or call us at (717) 422-7069.

Office Use only:

Paid by: Check Cash

Date received by office:

Check Number:

Secretary's Initials:

Treasurer's Initials: