

# Erie Hunt & Saddle Club

## 2016 Application for Membership

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Email(s) \_\_\_\_\_

This application contains a:  Membership Renewal     New Membership  
 Monetary Donation in the amount of \_\_\_\_\_

**Type of Membership:** Please note you must have been an Active Member (working member) for at least one year before you can apply to be an Associate Member (non-working member). **All members 18 years or younger must be included in a Family Membership.**

Individual \$25.00     Family \$35.00     Associate \$75.00  
Active (19 & over)    Active

Names, ages (if 18 years or younger), and email addresses (optional) of all other family members to be included in this membership:

\_\_\_\_\_  
\_\_\_\_\_

As an Active Member, I agree to volunteer at least 20 hours per year in support of EHSC's shows and events. Please indicate the competitions you are willing to work at:

\_\_\_\_\_ Open Horse Shows    \_\_\_\_\_ Combined Tests    \_\_\_\_\_ Schooling Hunter Shows  
\_\_\_\_\_ Mini Event    \_\_\_\_\_ Horse Trials    \_\_\_\_\_ Hunter Paces  
\_\_\_\_\_ Jumping Derby    \_\_\_\_\_ Hunter Shows    \_\_\_\_\_ Dressage Shows

If my membership is approved, I agree to abide by all the rules of the Erie Hunt & Saddle Club and grant permission to have my name and contact information published in the club's membership directory.

\_\_\_\_\_ Date \_\_\_\_\_  
(Applicants Signature)

*Mail completed applications to: Ruth Orton at 25094 Middle Road, Cambridge Springs, PA 16403.*

*Direct any questions to Ruth Orton at 814-460-5265 or ehsc1962@hotmail.com.*

*Make checks payable to EHSC.*

**Office Use Only:** Amount Received: \_\_\_\_\_ Date Received: \_\_\_\_\_ Check Number: \_\_\_\_\_