

Circle D Horsemen's Association, Inc.

Membership Application

Please Circle One

Single

Family

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Please keep address/email/phone # confidential on membership roster

Family Membership Please Complete

Spouse's Name: _____

Child's Name _____ Date of Birth _____ Age _____

Child's Name _____ Date of Birth _____ Age _____

Child's Name _____ Date of Birth _____ Age _____

Child's Name _____ Date of Birth _____ Age _____

Child's Name _____ Date of Birth _____ Age _____

How did you learn about Circle D? _____

What are your riding interests? _____

Would you like to assist with any of the following?
Gymkhana Committee Trail Riding Events Kitchen Help
Ground Maint Equipment Maint Barrel Racing Committee
Other

I/We agree that should medical treatment be required for any participant for whom I am responsible, that I and/or my medical insurance shall pay for all such incurred expenses.

I/We agree that I shall be responsible for my negligent acts and the negligent acts of my family members and/or legal wards and animals, and I do carry liability insurance protection for such occurrences.

Printed Name _____ Date _____

Signature _____

Membership Dues

Family Yearly Dues \$25
Individual Yearly Dues \$15

Mail completed form along with payment to:
Circle D Horsemen's Assoc, PO Box 986, Vacaville CA 95696