



Circle D Horsemen's Association, Inc.

PO Box 986
Vacaville, CA 95696
www.CircleDHorsemen.com

Membership Application

Please Circle One

FAMILY INDIVIDUAL

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Family Membership Information

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: _____

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 Horsemen? _____

Would you like to assist with any of the following; (Please Circle) Kitchen Help
Gymkhana Committee Barrel Racing Committee Trail Riding Events
Ground Maintenance Equipment Maintenance 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.

Signature: _____ Date: _____

Yearly FAMILY Membership Dues \$25.00
Yearly INDIVIDUAL Membership Dues \$15.00

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