



## 2010 Membership Form

Individual Membership (>18 years old) \$10.00 or  Family Membership \$20.00

(Please Print)

Membership Host Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Numbers: Home: \_\_\_\_\_ Other Phone: \_\_\_\_\_

2nd Member Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Cell No. \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Alternate E-Mail Address: \_\_\_\_\_

Do you prefer to be contacted by:  E-Mail or  Mail

Do you allow the NVSC to publish you/your family's \_\_\_\_\_ Yes \_\_\_No Newsletter  
name(s) in the current membership listing: \_\_\_\_\_ Yes \_\_\_No Web Page

Members: (If not noted above)

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Cell #: \_\_\_\_\_

Please Indicate area(s) of interest:

- |                                      |                                    |  |                                      |
|--------------------------------------|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Trail Rides | <input type="checkbox"/> Clinics   | <input type="checkbox"/> Equestrian Drill Team | <input type="checkbox"/> Social      |
| <input type="checkbox"/> Horse Shows | <input type="checkbox"/> Gymkhanas | <input type="checkbox"/> Queen Competition     | <input type="checkbox"/> Other _____ |

I do hereby give consent to the persons named on the membership application participating in New Virginia Saddle Club (NVSC) activities and hereby release the NVSC, it's officers, agents, City of New Virginia, and all affiliated organizations of any responsibility for injury or damage done to myself, my family members, my livestock, or equipment resulting from participation or association with the New Virginia Saddle Club activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Make checks payable to: New Virginia Saddle Club (NVSC)\*\*\*

Mail completed form and payment to: New Virginia Saddle Club, ATTN: Treasurer, P.O. Box 461, New Virginia, IA 50210  
or turn in at NVSC event or a monthly club meeting.

New Virginia Saddle Club meets the last Thursday of every month @7:00pm @ the New Virginia Lion's Hall.

Office Use Only: Date Received: \_\_\_\_\_ Cash/Check: \_\_\_\_\_ Amount: \$ \_\_\_\_\_