Johnstown Saddle Club

Membership Form

Date: _____ New Member ☐ Returning Member ☐

Family Name: _____

Address: _____

City, State & Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

First name of immediate family members:
(Maximum of 2 adults and dependant children)
Please include the birth date and age of each child

Special skills and interest:

This form must accompany payment.
Membership dues are $35.00 annually
The JSC year runs from January – December

Please mail to: **Johnstown Saddle Club**
P.O. Box 1264
Berthoud, CO 80513