

# *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 family or \$25.00 individual annually  
The JSC year runs from January – December

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

By Checking this box you agree to be bound by our rules

signature: \_\_\_\_\_ date: \_\_\_\_\_