



UNION COUNTY SADDLE CLUB

2025 MEMBERSHIP

DATE: _____
NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____
ZIP: _____
PHONE: _____ 2nd PHONE: _____
CELL PHONE: _____
FAX: _____
E-MAIL: _____

TYPE OF MEMBERSHIP:

- * **INDIVIDUAL OR HOUSEHOLD**: \$50.00
- * **CLUB SUPPORTER** (who does not ride at the arena): \$25.00

* IF THIS IS A HOUSEHOLD MEMBERSHIP, PLEASE LIST NAMES OF ALL FAMILY MEMBERS AND, IF UNDER 18, LIST BIRTH DATES. TO BE ELIGIBLE ON YOUR MEMBERSHIP, THEY MUST LIVE UNDER YOUR ROOF.

| NAME: | DATE OF BIRTH |
|----------|---------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

MAKE CHECKS OR MONEY ORDERS PAYABLE TO:

“UNION COUNTY SADDLE CLUB”

MAIL TO:

UNION COUNTY SADDLE CLUB
c/o Kayla Murphy, Secretary
724 Nicholson Rd Blairsville, Ga 30512

LIABILITY STATEMENT (Read Carefully): Application indicates concurrence.

Under Georgia law, an equine activity sponsor or equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities, pursuant to Chapter 12, Title 4 of the Official Code of Georgia Annotated.