



UNION COUNTY SADDLE CLUB

2024

MEMBERSHIP

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____

PHONE: _____ 2nd PHONE: _____

CELL PHONE: _____

FAX: _____

E-MAIL: _____

TYPE OF MEMBERSHIP:

INDIVIDUAL OR HOUSEHOLD MEMBERSHIP: \$50.00

CLUB SUPPORTER WHO DOES NOT RIDE IN 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.