Membership Application

Yearly Dues from October to September

Please check one:

_____ **$20.00 Single Membership** (18 yrs. & older*)

_____ **$35.00 Family Membership** (including children 17 years & under* and persons under legal guardianship)

* Age as of January 1st following the October Membership Meeting

☐ **NEW**

☐ **RENEWAL** (only accepted one month in advance)

☐ **CHARTER** - $9.00 (continuous member before Oct. 1, 1975)

Please print clearly and fill in completely.

Last Name _____ First Name _____ Date of Birth (including year) _____

Spouse (if family member) _____ Date of Birth (including year) _____

Address _____ Phone Number _____

City _____ State _____ Zip Code _____

Optional Information:

Cell Phone _____ Fax Number _____ E-mail Address _____

Children – 17 years and under* (name and date of birth, including year), and persons under legal guardianship:

Name _____ Date of Birth _____ Name _____ Date of Birth _____

Name _____ Date of Birth _____ Name _____ Date of Birth _____

Scandia Riders dues are payable at the October meeting of each year.
Checks should be made payable and sent to:

Scandia Riders Saddle Club
P.O. Box 14
Scandia, MN 55073

Scandia Riders Saddle Club carries insurance for spectators at club functions. You are responsible for insurance on your family and horses.

Signature _____ **Date** _____

I would be interested in helping with the following committees:

___ Awards ___ Directory ___ Newsletter ___ Royalty ___ Sunshine ___ Versatility

___ Banquet ___ Fundraising ___ Parades ___ Shows-Closed ___ Trail Rides ___ Winter Party

___ Clinics ___ Membership ___ Rings & Grounds ___ Shows-Open ___ Other _____

Barn Name: ____

Please list your horses:

Name	Sex M=Mare G=Gelding S=Stud	Year of Birth	Breed	Color