

DOWN EAST BORDER RIDERS SADDLE CLUB
Membership Application

Name:	
Address:	
Phone Number:	
E-mail (if any):	
Family members to be included in this membership:	
_____	Relation: _____
_____	Relation: _____
_____	Relation: _____
_____	Relation: _____

Down East Border Riders Saddle Club

Liability Statement

I hereby enter this organization at my own risk, subject to all rules and regulations of the Down East Border Riders Saddle Club. I further agree that if any damage or loss be occasioned to any horse, rider, vehicle or article, I will make no claim against the Down East Border Riders Saddle club, its members, officers, Board of Directors, judges, clinicians or volunteers. I further agree to indemnify Down East Border Riders Saddle Club for any claims arising out of any injury to any person or horse or damage to any property caused by my horse, self, vehicle or attendant.

Signature of member and/or guardian (for members under 18 years or age)

_____ Date: _____

_____ Date: _____

Enclosed is my check or money order in the amount of \$20.00 made payable to the Down East Border Riders Saddle Club. (For renewals received before January 31 the fee will be \$15) Upon the Treasurer's receipt of this application and payment, I will receive full club benefits, including activation of show points, discounted and/or preferred enrollment in clinics and other club activities.

Please mail this signed application and your membership fee to:

DOWN EAST BORDER RIDERS SADDLE CLUB
80 LUBEC ROAD
WHITING ME 04691