

Ramona Santana Riders

P.O.Box 1821 Ramona CA. 92065

2009 Membership Application

Office Use Only:

Date Rec'vd _____
Date Processed _____
Rec'vd By: _____
Check # _____
Cash _____

Family.....\$30.00
Single Adult.....\$20.00
Single Youth.....\$15.00
(Circle One)

NAME* _____
MAILING ADDRESS* _____
HOME ADDRESS _____
CITY* _____ ZIP* _____
HOME PHONE*(____) _____
CELL PHONE_(____) _____
E-MAIL _____
(* MANDATORY INFORMATION)

Exhibitor Name _____ birthdate _____
DeclaredPointHorse _____ age _____
Horse _____ age _____
Horse _____ age _____
Horse _____ age _____

ExhibitorName _____ birthdate _____
DeclaredPointHorse _____ age _____
Horse _____ age _____
Horse _____ age _____
Horse _____ age _____

ExhibitorName _____ birthdate _____
DeclaredPointHorse _____ age _____
Horse _____ age _____
Horse _____ age _____
Horse _____ age _____

TO BE ELIGIBLE FOR YEAR END AWARDS....

**Members are responsible to enter shows using the declared name for their horse(s)

**Members are required to work set amount of hours/or sponsor a class for the year.

**Member must compete in more than 1/2 of the shows offered.

YOUR SIGNATURE STATES YOUR ACKNOWLEDGEMENT THAT YOU AGREE TO ABIDE BY THE RAMONA SANTANA RIDERS BY-LAWS

Member/Guardian Signature _____

Date _____