

Big Pine Saddle Club Membership Application

Full Name _____

Physical Address _____

Mailing Address _____

Home Phone # _____ Cell Phone # _____

Email Address _____

Is this a family application for membership? Yes no

Please list family members (spouse and kids under 18)

Current Boarding Facility Information

Name of Facility _____

Facility # _____

Horse Medical Information

Veterinarian's Name _____

Veterinarian's Phone # _____

Are all horse vaccinations current? Yes no

Proof of vaccinations and worming are required. Records from a veterinarian or receipts are required as proof. Records must be provided before facility use is granted.

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Rights and Responsibilities

In exchange for the consideration of my membership application by the Big Pine Saddle Club, I understand I must agree to the following condition of membership.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the BPSC permission to contact previous boarding facilities, veterinarians, references and others and hereby release the organization from any liability as a result of such contact.

_____ Yes, I agree to the statements above.

_____ No, I don't agree with the statements above.

I understand that in connection with the routine processing of the membership application, the BPSC may request personal references that can attest to my character, general reputation, as well as the personal care and maintenance of my animals.

_____ Yes, I agree to the statements above.

_____ No, I don't agree with the statements above.

I understand that membership with the BPSC is probationary for a period of sixty (60) days. At any time during the probationary period or thereafter, my membership relation with the BPSC is terminable at will for any reason by either party.

_____ Yes, I agree to the statements above.

_____ No, I don't agree with the statements above.

By signing this application, I agree to abide by the terms listed above. All statements are true to the best of my knowledge.

Signature

Date