

# TRAIL RIDERS SADDLE CLUB, INC.

## Renewal Membership Application

Mail To:

Cora Dorsey - Membership Chairperson  
 Trail Riders Saddle Club, Inc.  
 2134 Neal Avenue South  
 Afton, MN 55001-9764

**DUE BY DECEMBER 31st EACH YEAR - LATE FEE OF \$5.00 ACCESSED IF DUES ARE NOT POST MARKED ON OR BEFORE 12/31**

**DUES: \$15.00 per single membership (Age 18 & Over as of January 1st)**

**\$20.00 per family membership (Family membership consists of parent(s) or legal guardian(s) and children 17 & under)**

**Please PRINT and complete this form and return it with your dues by December 31st to the Membership Chairperson**

**This form is used to provide information to WSCA for the Trail Riders Saddle Club, Inc. list so please print legibly.**

**MEMBERS' NAMES (please PRINT)**

**Requirement**

**Requirement**

**Birth Date**

**Circle one:** (age as of Jan. 1st of current year)

1	
	Parent(s), Legal Guardian(s) or members 18 years & older as of the first of the year
2	
	Parent(s), Legal Guardian(s) or members 18 years & older as of the first of the year
3	
4	
5	
6	

\_\_\_\_/\_\_\_\_/\_\_\_\_

18 34      35+

\_\_\_\_/\_\_\_\_/\_\_\_\_

18 - 34      35+

\_\_\_\_/\_\_\_\_/\_\_\_\_

10 & under      11-13      14-17

\_\_\_\_/\_\_\_\_/\_\_\_\_

10 & under      11-13      14-17

\_\_\_\_/\_\_\_\_/\_\_\_\_

10 & under      11-13      14-17

\_\_\_\_/\_\_\_\_/\_\_\_\_

10 & under      11-13      14-17

\_\_\_\_\_  
 Street address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

(      )  
 Telephone number

\_\_\_\_\_  
 e-mail address (be sure correct case is shown)

(      )  
 Cell number

\_\_\_\_\_  
 e-mail address (be sure correct case is shown)

**Signature:** \_\_\_\_\_

Parent(s) or Legal Guardian(s)

Office Use Only

Date Paid

Office Use Only

Check #

Office Use Only

Amount

