

# *The* Western Saddle Club



## Membership Application and Renewal Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ Cell (Optional) \_\_\_\_\_

Membership (circle choice):    **Family (\$60)**    **Single (\$30)**    **Student (\$10)**

**Household Members** (Children must be under 18)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Give us your ideas or suggestions for the club that you would like to share:**

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I would be interested in chairing/participating on the \_\_\_\_\_ committee.

Mail your membership form and payment to:

**Western Saddle Club, c/o Jody Jones, P. O. Box 2471, Rome, GA 30164,**

Phone: 706-252-4169 with any questions.