



# Marshfield Saddle Club Membership Form

MAILING ADDRESS: 134 COMMERCE ROAD, MARSHFIELD, MO 65706

YES, I WANT TO JOIN THE MARSHFIELD SADDLE CLUB! I AM JOINING AS

INDIVIDUAL \$10 ☐

OR

FAMILY \$20 ☐

Please list names of all members to be included on your membership. If you would like to be included in the birthday announcements, please include your birthday. If birthday info is not listed for members under 18, you must declare their age as of January 1st of this year.

## MEMBER INFORMATION: ADULTS

NAME:

PHONE:

☐ TEXTING ALLOWED  
TO THIS NUMBER

EMAIL:

BIRTHDAY:

☐ I WOULD LIKE THE  
NEWSLETTER SENT  
TO THIS EMAIL

NAME:

PHONE:

☐ TEXTING ALLOWED  
TO THIS NUMBER

EMAIL:

BIRTHDAY:

☐ I WOULD LIKE THE  
NEWSLETTER SENT  
TO THIS EMAIL

ADDRESS:

CITY:

ZIP:

## ADDITIONAL MEMBER INFORMATION: YOUTH UNDER 18YRS OLD

NAME:

BIRTHDAY:

NAME:

BIRTHDAY:

NAME:

BIRTHDAY:

NAME:

BIRTHDAY:

OFFICE USE ONLY: RECEIVING OFFICERS/BOARD MEMBER'S SIGNATURE \_\_\_\_\_

CREDIT CARD/ONLINE \_\_\_\_\_ CASH \_\_\_\_\_ CHECK NUMBER/MONEY ORDER \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

KEEP THIS PORTION FOR YOUR RECORDS: MARSHFIELD SADDLE CLUB MEMBERSHIP RECEIPT

CREDIT CARD/ONLINE \_\_\_\_\_ CHECK/MONEY ORDER NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

DATE MAILED \_\_\_\_\_ AMOUNT \_\_\_\_\_

Thank you for your support!!