

**Tri-County Horsemen, Inc.**  
**Membership Application 2024**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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

**Phone number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**HORSES OWNED/LEASED:** *(owners or lessee of horses must also be members to be eligible for year ends and rider/exhibitor must be a member).*

Horse's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

**Memberships:** Individual (\$30) \_\_\_\_\_ Family (\$40) \_\_\_\_\_  
*(Family memberships consist of parents and children under 18 years old or Grandparents and children under 18 years old or legal guardian and children under 18 years old.)*

Family Member Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

Family Member Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

Family Member Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

Family Member Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Please make checks payable to *Tri-County Horsemen, Inc.***  
**Send to: Tri County Horsemen- 22 Barker Lane. Union, ME 04862**

Payment of membership fee covers the calendar year 2024. The membership fees must be paid *before* the horse show points begin to accrue for year-end awards. All annual memberships include a one-year subscription to The Horse's Maine & NH.

*Disclaimer: I hereby enter this organization at my own risk subject to all rules and regulation of Tri-County Horsemen, Inc. I further agree that if any damage or loss to any horse, pony, rider, vehicle or article, I will make no claim against Tri-County Horsemen, Inc. its officers or club members. I further agree to indemnify and hold harmless Tri-County Horsemen, Inc. for any injury to any person or animal or damage to any property caused to or by my attendant, my animal or myself.*

Signature required by member and parent or guardian if member is under 18 years of age.

Member Signature: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_

**ANNUAL MEMBERSHIPS PAID PRIOR TO THE FIRST SHOW IS STRONGLY ENCOURAGED.**

For Office Use Only: Date Paid \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_