

**SULLIVAN SADDLE CLUB  
2020 MEMBERSHIP APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**FAMILY (\$30.00)** \_\_\_\_\_ **SINGLE (\$15.00)** \_\_\_\_\_

(A "family" is a parent or parents who live together, or grandparent or grandparents who live together, and their children or grandchildren who are 17 years of age or younger.)

<b>Adult Members</b>	<b>Age</b>	<b>Children</b>	<b>Age</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Referred By: \_\_\_\_\_

Make checks payable to Sullivan Saddle Club and send membership form and dues to:

Sullivan Saddle Club  
Attn: Barbara Vancil, Treasurer  
34928 Hwy. 185, Sullivan, MO 63080

Applicant acknowledges that the Sullivan Saddle and Harness Club is not responsible for any accident, injury or damage to persons, animals or personal property while on the Saddle Club grounds.

**WARNING:** Under Missouri law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the Revised Statutes of Missouri. (R.S.Mo Sec. 537325)

Applicant also acknowledges that inappropriate behavior or treatment of persons or animals may be cause for expulsion from the grounds and termination of membership.

Signature \_\_\_\_\_

Date \_\_\_\_\_