Idaho Sidesaddle Association -

2024 MEMBERSHIP APPLICATION

\_\_\_\_\_\_ FULL MEMBER $ 30.00 (With or without Voting Rights)

\_\_\_\_\_\_ JUNIOR MEMBER $ 10.00

(17 YO and under, must join with adult)

\_\_\_\_\_\_ AUXILIARY MEMBER $ 15.00

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Birthdate Mo/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Life Flight Member Yes \_\_\_\_\_ No \_\_\_\_\_ Provider No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian Name and Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Horse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Breed \_\_\_\_\_ Gender \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_Breed \_\_\_\_\_ Gender \_\_\_\_\_

Sidesaddle experience: None Some Advanced

Parade Experience: None Some Advanced

Check activities you are interested in:

Shows/Playdays \_\_\_\_\_\_\_\_\_\_ Clinics \_\_\_\_\_\_\_\_\_\_\_\_ Parades \_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to comply with Association By Laws (2021) and will help promote the Idaho Sidesaddle Association. I understand that the officers of the Association shall make all final decision/interpret Association policies/rules.

Full Members, Please complete - Per the ISA Bylaws 2021 (Article III – Membership); Please indicate selection:

* Full Member with voting rights – an active decision member (ADM). I will do my best to be present at meetings and participate in the operation of the Association.
* I choose to be a member without voting rights and just participate in various events.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian if under 18 years of age:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

*Please Include a Signed Release of Waiver of Claims -*

*Please make membership fees payable* ***to Idaho Sidesaddle Association*** *and mail to Secretary/Treasurer or you may pay by PayPal to* [*Idahosidesaddle@gmail.com*](mailto:Idahosidesaddle@gmail.com)*: Snail mail check to:*

***Sam Chamberlain***

***809 W. Kinghorn Dr.***

***Nampa, ID 83651***

Questions? Feel free to call/text Sam (208) 949-7449