

Hidalgo County Sheriff's Posse Arena, Inc.

Application for Membership

Name: _____

Last, First, Middle Initial

Address: _____

Telephone: _____

Age: _____ Employer: _____

Mark with an "X" if you meet the following application requirements:

_____ Applicant must be able to participate in HCSP Arena, Inc. functions at any time when called upon by the Captain or Co-Captain.

_____ Applicant's character must be such that he or she would be a credit to the HCSP Arena Inc. at all times.

_____ Applicant must agree to abide by the Constitution and by-laws of the HCSP Arena, Inc. By-laws attached.

_____ Applicant must agree to faithfully attend scheduled HCSP Arena, Inc meetings to maintain an active membership.

I, _____, do hereby agree not to hold HCSP Arena, Inc. or any individual member, owner or operator of any arena or show grounds responsible in case of accident or injury to myself, horse or equipment while engaged in activities of the HCSP Arena, Inc.

The _____ day of _____, 20____.

Endorsed by: _____

Board Member: _____

Applicant: _____

Board Member: _____

603 W. Wisconsin Road, Edinburg, Texas 78539

A Non-profit Organization