

2025 Rainbow Saddle Club Membership (Jan. 1st - Dec. 31st)

New member _____

Renewal _____

(Must submit form at a meeting or have a current RSC member sponsorship)

Please Print Clearly

Family Name: Last: _____ First: _____

Address: _____ City _____ MN, Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Email address: _____

Your monthly newsletter will come by the above email, please print clearly and update the secretary of any changes.

Please complete portion below:

List all included family members, First (and Last name if different), Date of birth with year, age group as of January 1st:

| First name | Date of birth | 10 & under | 11-13 | 14-17 | 18 – 34 | 35 & over |
|------------|---------------|------------|-------|-------|---------|-----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Membership Rates:

_____ \$45 Family (max. two adult heads of household (18 & over, 2 votes) & dependants 17 & under)

_____ \$25 Single (one 18 & over, 1 vote)

_____ \$20 Youth (one 17 & under, no vote)

Each Active Membership is required to fulfill a minimum of 10 work hours at Open shows/events and/or arena/grounds maintenance, and attending at least 3 general meetings. Parents are to assist young children in fulfilling these requirements. Work hours may be donated to another membership by BOD approval.

Non-compliance within the above requirements may result in forfeit of year-end awards and/or membership change.

☐

Nomination of each horse & rider are required for Rainbow Award Programs. Please inquire.

Initial the box to acknowledge nomination information on separate forms.

We/I do not hold Rainbow Saddle Club responsible for damage, injury or loss of property. We/I understand that we/I must be a member of RSC prior to May 15 in order to be included on RSC's WSCA membership list. Any exceptions past this date will be at member expense.

We/I understand this entitles **only** the individuals listed above to ride at RSC grounds and agree to respect the property and rules stated in attached notice.

We/I understand RSC has the right to utilize security cameras on RSC property.

Fees paid are non refundable.

Signature: _____ Date _____

(Signature required by parent/guardian for a minor 17& under)

OFFICE USE ONLY:

Paid: Check# _____ Cash _____

Gate Lock Combination # _____