

Membership Application

West Volusia Saddle Club
P.O Box 186
Lake Helen, FL 32744

Last Name, First Name	Date of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E-Mail Address: _____

YOUR DIVISION IS DETERMINED BY THE AGE YOU ARE ON JANUARY 1 OF THIS YEAR.

Small Fry 8yo & under

Junior 9-12yo

Intermediate 13-17yo

Senior 18-29yo

Super Senior 30-49yo

Super Pro 50yo & older

All adults must sign this form. By signing this membership application, you agree to abide by all of the club Bylaws, show rules, riding rules, and to any modifications and/abide by all of the By Laws the membership and/or directorship and to further be a member in good standing.

Signature: _____ **Date:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

___ Membership: \$25.00 # ___ \$5.00 each additional member(up to 5 in household)

Paid _____ Check # _____ Cash \$ _____

Any member, and/or non member, that deliberately breaks or refuses to comply with WVSC rules or is deemed to be immoral or disrespectful will be brought in front of the Board of Directors for a hearing to alleviate the problem. A second offense will be cause for a 30-day suspension from all club activities and the third offense will be cause for dismissal from The Club for a one-year period. To rejoin, club membership must be voted on by The Club. If one person of a family membership is in violation of any club rule, they will be brought before the board and a decision will be made if one or all of the members within that family membership will be accountable.

