



NORTH BREVARD HORSEMAN'S CLUB

Application for Membership

DUES OF **\$35.00** MUST ACCOMPANY APPLICATION.
DUES PAYABLE EACH AUGUST. FEE 1/2 AFTER FEB. 1ST

PAID \$ _____
DATE _____

Membership: (circle one)	DESIGNATED VOTERS:	1 st Reading Date _____ (must be present)
SINGLE (one vote)	_____	2 nd Reading Date _____ (voted on)
FAMILY (two votes)	_____	

NAME OF APPLICANT: _____ PHONE # (____) _____

HOME ADDRESS: _____ CITY _____ ZIP _____

MAILING ADDRESS: _____ CITY _____ ZIP _____

EMAIL ADDRESS: _____ WORK PHONE # (____) _____

OCCUPATION: _____ OTHER PHONE # (____) _____

SPOUSE: _____ SPOUSE OCCUPATION: _____

CHILDREN'S NAMES:	BIRTHDAYS:
_____	_____
_____	_____
_____	_____
_____	_____

SPECIAL INTEREST (HALTER, PERFORMANCE, GAMES, TRAIL, ETC...)

WHY DO YOU WANT TO BELONG TO NORTH BREVARD HORSEMAN'S CLUB?

ARE YOU OR HAVE YOU EVER BELONGED TO ANY OTHER CLUBS? PLEASE LIST.

IF ADMITTED FOR MEMBERSHIP, WILL YOU BE WILLING TO WORK AT CLUB FUNCTIONS? _____

I HAVE READ AND AGREE TO ABIDE BY THE RULES, BY-LAWS AND CONSTITUTION OF THE NORTH BREVARD HORSEMAN'S CLUB, INC. I AGREE NOT TO HOLD THE NORTH BREVARD HORSEMAN'S CLUB, INC. LEGALLY RESPONSIBLE FOR ACCIDENTS OCCURING ON THEIR GROUNDS.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF LEGAL GUARDIAN IF UNDER 18 _____ DATE _____

I RECOMMEND THIS APPLICANT FOR MEMBERSHIP:

SIGNATURE OF ACTIVE MEMBER: _____ DATE _____

BOARD OF DIRECTOR'S APPROVAL: _____ DATE _____

Presiding Officer