

**UNION COUNTY RIDING CLUB**  
**PO Box 85, Lake Butler, FL 32054-0085**

**APPLICATION FOR FAMILY/SINGLE MEMBERSHIP**

The membership fee of \$40 for family or \$25 for single (\$240/\$225 nonworking) must accompany this application

DATE: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_

MEMBER'S NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

CHILDREN'S NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

\_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

\_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

\_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

LIST TWO PERSONAL REFERENCES (NOT A RELATIVE OR SPONSOR):

\_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**\*\* ALL ADULTS LISTED ON THIS APPLICATION MUST INITIAL AND SIGN BELOW \*\***

\_\_\_\_\_ I understand that for the continued progress of the Club I am required to attend regular  
Initial meetings and assist in such work necessary to operate and maintain the Club and its grounds.

\_\_\_\_\_ I understand working members will be required to work on teams. There are five teams that  
Initial will be responsible for working two months each year. Work may include concession stand,  
arena and announcer's stand. I will be notified of the team I am placed on by the team leader.

\_\_\_\_\_ I understand if I am a working member I am required to work with my team in the concession  
Initial stand, announcer's stand and/or arena. If I cannot work on my assigned night I understand it  
is my responsibility to have someone assume my obligations.

(Continued on Back)

# UNION COUNTY RIDING CLUB

(Continued)

\_\_\_\_\_  
Initial

**I understand that if I do not work I will forfeit my points for the year and will be required to pay the \$240 family /\$225 single membership fee.**

\_\_\_\_\_  
Initial

I understand that photographs are sometimes taken of Club activities for publicity and promotional purposes, which include, but are not limited to, in-house presentations, Club websites, brochures and newsletters. By initialing this area you are releasing the Union County Riding Club to use photographs of those listed above.

\_\_\_\_\_  
Initial

I understand that in the event a check is returned by the bank to the Union County Riding Club I will pay for the returned check and all associated fees in cash and check writing privileges will be revoked.

\_\_\_\_\_  
Initial

**I understand that by signing this membership application I am aware of and acknowledge that, under Florida law, an equine activity sponsor or professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities, pursuant to Chapter 773 of Title 04 of the Official Code of Florida Annotated.**

**\*\* ALL ADULTS LISTED ON THIS APPLICATION MUST INITIAL ABOVE AND SIGN BELOW \*\***

I have read and understood the requirements above as well as the Club by-laws and by signing the membership application I agree to uphold the Union County Riding Club rules and by-laws.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**Additional Requirement for New Members:**

If you were not a member in good standing the previous year you must have the recommendation of a current member. Please have the following signed by the recommending member.

As a club member in good standing, I recommend that the above applicant be considered for membership in the Union County Riding Club.

\_\_\_\_\_  
Member's Signature

For Secretary Use Only:

Date Application Accepted: \_\_\_\_\_

Date Approved at Monthly Meeting: \_\_\_\_\_