



# MEMBERSHIP APPLICATION

Please fill out, sign and return to:

Susan Bancroft, Membership Chair

PO Box 1792 • Carmel Valley, CA 93924

land line: 831-659-4045 • email: info@trailandsaddle.club

A refundable deposit of \$100 towards the initiation fee must accompany this membership application. Complete this application and surface mail to the address above. Your application will be considered at the next possible board meeting, usually the first Wednesday of each month. Our fee schedule is as follows: Initiation Fee: \$350, Annual Dues: \$350.

The Club's membership year starts on April 1. Upon acceptance, you will be billed for the balance of the Initiation Fee and a pro-rated basis of the Annual Dues. This combined amount is then payable within thirty days. Full membership privileges will be granted only upon membership acceptance and complete payment of fees and dues.

	Name		Occupation (if retired, also state previous)
Applicant:	_____	_____	_____
Spouse:	_____	_____	_____
Sponsor:	_____	(Member of the Club, in good standing)	

	Name		Date of Birth
Children under 18 years of age:	_____	_____	_____
	_____	_____	_____

Home address:	_____	City _____	State _____	Zip _____
Mailing address:	_____	City _____	State _____	Zip _____
Email(s):	_____			
Phone 1:	_____	Phone 2:	_____	
	<input type="checkbox"/> Land line <input type="checkbox"/> Cell <input type="checkbox"/> Work		<input type="checkbox"/> Land line <input type="checkbox"/> Cell <input type="checkbox"/> Work	

★ I hereby apply for Membership in the Carmel Valley Trail and Saddle Club, Inc. (CVT&SC, Inc.). If accepted, I agree for myself and my family, to abide by the rules and regulations of the club. Amount of deposit enclosed: \$\_\_\_\_\_. I understand that the enclosed deposit will be returned if my application is not accepted.

Signed \_\_\_\_\_ Date \_\_\_\_\_

To help us understand and better serve our members, please tell us a little about yourself and what brings you to apply at our club:

\_\_\_\_\_  
\_\_\_\_\_

Number of owned/leased horses: \_\_\_\_\_ Breeds/Ages: \_\_\_\_\_

Where is(are) your horse(s) kept? \_\_\_\_\_

Discipline(s):  Dressage  Driving  Hunter/Jumper  Trail  Ranch Versatility  Western  Other \_\_\_\_\_

Do you take regular lessons?  Yes  No Frequency: \_\_\_\_\_

Trainer's name:  Berta  Clifford  DiGrazia  Eckstein  Peterson  Whelan  Other \_\_\_\_\_

What regular Club events are you interested in?  Clinics  Dressage Schooling Shows  Cattle Nights  Other \_\_\_\_\_  
 Ranch Versatility  Western Schooling Shows  Ranch Roundup

### OFFICE USE ONLY

Board of Directors approval date: \_\_\_\_\_ Notification to applicant date: \_\_\_\_\_ Payment in full date: \_\_\_\_\_