



BLACKJACK SADDLE CLUB MEMBERSHIP APPLICATION

DATE: _____

Name: _____ Phone (CELL): _____

Address: _____ Phone (HOME): _____

City: _____ State: _____ Zip: _____

Email: _____

For club correspondence please contact me through: EMAIL _____ OR PHONE _____

MEMBERSHIP TYPE: (PLEASE SELECT ONE)

- _____ Family Membership Renewal \$30
(AFTER APRIL 1 FEE IS \$35)
- _____ New Family Membership \$30
- _____ Individual Membership Renewal \$20
(AFTER APRIL 1 FEE IS \$25)
- _____ New Individual Membership \$20
- _____ Youth Membership Renewal \$10
(18 YEARS AND UNDER) (AFTER APRIL 1 FEE IS 15)) (DATE OF BIRTH _____)
- _____ New Youth Membership \$10

\$ _____ Total Paid Cash _____ OR Check _____ (Check Number _____)

Family Membership: Please list the name of family members: (If more space is need please use back of form)

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name and Photo release must be completed

I, _____, (please circle your choice) DO or DO NOT grant Black Jack Saddle Club the irrevocable right and license to use my name and/or photograph on the Black Jack Saddle Club's web site, Facebook page, press releases and any other electronic or printed media promoting the club and club events.

I agree to hold Black Jack Saddle Club harmless against any liability, loss or damage resulting from the use of my name and/or photograph and hereby release and discharge Black Jack Saddle Club from any and all claims in connection with such use of my name and/or image.

Signature: _____ Date: _____
(IF MEMBER IS UNDER THE AGE OF 18, PARENT OR GUARDIAN MUST SIGN)

Forms can be mailed to BJSC, PO Box 622, Manhattan, Ks. 66505-0622