



FRANKLIN COUNTY SADDLE CLUB, Inc.

2801 Road 60

PO Box 2885

Pasco, WA 99302

www.franklincountysaddleclub.com

2021 MEMBERSHIP APPLICATION

Calendar year membership running from January 1 through December 31

MEMBERSHIP TYPE (please check):

New

Renewal

Individual (18 Yrs. & Over) - \$150

Family (Father/Mother/Children Under 18 Yrs.) - \$175

Individual memberships are required to complete a minimum of 10 hours of volunteer time at the FCSC.

Family Memberships are required to complete a minimum of 18 hours of volunteer time at the FCSC.

Hours are due no later than November 1st of each year. Unfulfilled hours will be billed at the end of the year.

Individual Propitiating - \$250

Family Propitiating - \$275

Propitiating Membership allows, under Club Bylaws, for members who are unable to contribute to Club functions or money making projects to use the FCSC grounds by paying an additional fee.

Name for Mailing List: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Emergency Contact Name & Phone No.: _____

List of Member(s) (Individual, Father, Mother, Children under 18 years of age)

Name: _____

Birthdate: _____

Name: _____

Birthdate: _____

Name: _____

Birthdate: _____

Name: _____

Birthdate: _____

Name: _____

Birthdate: _____

Interested in helping:

Workdays

Tack Swap

Horse Shows

Fun/Schooling Shows

Clinics

Trail Rides

Interest(s):

Western

English

Show

Reining

Trail

Dressage

WAHSET

4-H

WAHSET Club: _____

4-H Club: _____

Sponsored By: _____

Date _____

(New Members Only)

Hold Harmless Agreement /Electronic Transmission Acceptance

(All adult members are required to sign)

I agree to indemnify and save and hold harmless the Franklin County Saddle Club, Board of Directors, Officers, Franklin County and Washington State against any and all claims arising from the conduct or management of or from any work or things whatsoever done in or about the Franklin County Saddle Club grounds, the premises, or any building or structure thereon or the equipment thereof during the term of my membership. I further agree to indemnify and save and hold harmless the Franklin County Saddle Club and Franklin County against any/all claims arising during the term of membership or as a result of any condition of any way adjoining said premises or any of the passageways or spaces therein or appurtenant thereto, or arising from any act or negligence of the Franklin County Saddle Club or any of its agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever caused to any person or persons or property of any person on, or about the premises or up or under the walkways in front thereof and against all costs, council fees, expenses, and liabilities incurred in or about any such claim or any action proceeding brought thereon.

I agree by way of authorization under RCW 24.03.009, any notice required to be sent to the Directors or Members may be sent by way of electronic transmission. It is my responsibility to notify in writing or by electronic transmission of any change of email/text address when applicable.

Signature: _____ Date: _____

Signature: _____ Date: _____

Photography Non-Permission/Opt-Out

FCSC activities and events sometimes are photographed for the purpose of publicity (brochures, newsletters, website, Facebook page, etc.). Complete and sign this part if you do NOT give permission for your child(ren) to appear in FCSC publicity images, including postings on our website and Facebook page).

This will apply to your child(ren) current calendar year membership(s)

Child #1 Full Name _____

Child #2 Full Name _____

Child #3 Full Name _____

Parent or Guardian Signature _____ Print Name _____ Date _____

For Members wanting to join Washington State Horsemen (Not Required)

The Franklin County Saddle Club is an Affiliated Member of Washington State Horsemen. You may join Washington State Horsemen through the Franklin County Saddle Club by filling out the information below and sending a separate check, payable to Washington State Horsemen, along with your FCSC membership check.

- Individual Membership – \$25
- Family Membership - \$41
- Youth Membership for those joining as individuals - \$15

Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Dues \$ _____ New Member Returning Member