

FRANKLIN COUNTY SADDLE CLUB, Inc.

2801 Road 60 PO Box 2885 Pasco, WA 99302 www.franklincountysaddleclub.org

2024 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 20 hours of volunteer time at the FCSC. *Hours are due no later than November 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, Moth Name:	uer, Children under 18 years o	of age)	
Name:			
Interested in helping with: ☐ Workdays ☐ Tack Swap ☐ Hors	se Shows	Club Clinics	☐ Fundraising
Interest(s): Western English Show R	Reining Trail Dres	ssage Trail Rides	
WAHSET Club:			
4-H Club:			
Sponsored By:			
(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 of adult required:		Date:		
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FCSC activities and events so (brochures, newsletters, website, Facebook program for your child(ren) to appear in FCSC public		if you do NOT give permission website and Facebook page).		
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 S The Franklin County Saddle Club is an A Washington State Horsemen through the Fra sending a separate check, payable to Washing	affiliated Member of Washington Stanklin County Saddle Club by filling ton State Horsemen, along with your F	ate Horsemen. You may join out the information below and CSC membership check.		
	bership – \$25 Family Membership			
Youth Membe	ership for those joining as individuals -	\$15		
Name:		Birthdate:		
Address:				
City:	State:	Zip:		
Phone:	Email:			
Dues \$	☐ New Member	Returning Member		