



FRANKLIN COUNTY SADDLE CLUB, Inc.

physical address: 2801 Road 60
mailing address; PO Box 2885
Pasco, WA 99301
www.franklincountysaddleclub.org

2026 MEMBERSHIP APPLICATION

Calendar year membership runs from January 1 through December 31

MEMBERSHIP TYPE (please check one):

- First-Time New Member** **Renewal**
 Individual (18 Years & Over) - \$160 **Family - \$185** (Family membership is composed of at least 1 adult over the age of 18 & any legal dependents to the age of 18, or a student who has not completed their senior year of college.)

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 must be reported no later than November of each year.

Unfulfilled hours will be billed at the rate of \$20 per hour at the end of the year.

- Individual Propitiating - \$300** **Family Propitiating - \$375**
 In accordance with Club Bylaws, Propitiating Membership allows members who choose not to complete their volunteer hours to use the FCSC grounds by paying an additional fee.

- Social Member - \$25**
 Social membership is an individual over the age of 18, who no longer participates in equine activities and wants to maintain their membership in the Club.

- Lifetime Member - \$1500**
 Current Lifetime members who, having devoted years of active service to the club, will remain members at no charge but will be required to complete a membership for each year. Individuals may purchase a lifetime membership for a one-time fee of \$1500. They will be required to complete and sign an updated membership form annually.

Name for Mailing List: _____ Phone #: _____

Address: _____ City, State, Zip: _____

Email: _____

Emergency Contact Name & Phone #: _____

List all Members of the Family that will be listed under this membership. Parents/Guardians and youth riders.

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

WAHSET Club: _____

4-H Club: _____

Sponsor if new Member 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.

I declare to the best of my knowledge that the horses brought to the FCSC by me will currently and have been in sound health and free from any injury, illness, disease or disability of any kind.

Signature of Adult Required: _____ Date: _____

Signature of Adult Required: _____ 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)

Childs's Full Name: _____

Childs's Full Name: _____

Childs's Full Name: _____

Signature of Parent/Guardian: _____ Date: _____
