

**Rusty Stirrups Riding Club
2012 Membership Application**

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Other phone: _____

Email: _____

(It is very important that we have your current email. Please keep us up to date!)

Please circle any of the following items that you do not want published on the public roster:

ADDRESS HOME PHONE CELL PHONE OTHER PHONE EMAIL

Membership: New or Renewal (Circle one)

Current Rating: _____

(See below if you are not rated. If you do not intend to ride, you do not need to be rated.)

Areas of Horse/Riding Interests: _____

Do you use Facebook? _____

Dues: \$35

After March 1, 2012, renewing members will be charged an additional \$5.00.

To join, please send the above application form, signed insurance waiver, and a check made out to Rusty Stirrups Riding Club to:

Debby Clark
Membership Chair, Rusty Stirrups Riding Club
6382 Pole Green Road
Mechanicsville, VA 23116

In order to participate in mounted events, members must wear a medical armband or carry on their person (not the saddle) a medical information sheet.

Members must be rated to a minimum of D1. For ratings information, contact:

Debi Anderson, Ratings Coordinator
simbalism@hotmail.com 804-741-6604