



TCSC MEMBERSHIP FORM

www.tri-countysaddleclub.com

YEAR – 2024

(PLEASE PRINT THIS FORM)

___ SINGLE MEMBERSHIP (\$15.00)

___ FAMILY MEMBERSHIP (\$25.00)

PLEASE PRINT ALL INFORMATION CLEARLY!

MEMBER NAME: _____ *Shirt size* _____ (*Adult / Youth*)

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

EMAIL: _____

ADDITIONAL FAMILY MEMBER NAMES: (FOR FAMILY MEMBERSHIPS ONLY)

- ❖ *Must live in same household*
- ❖ *List age (as of April 1, 2024) if under 18.*

	<u>Age if under 18</u>	<u>Shirt size</u>	
1. _____	_____	_____	(<i>Adult / Youth</i>)
2. _____	_____	_____	(<i>Adult / Youth</i>)
3. _____	_____	_____	(<i>Adult / Youth</i>)
4. _____	_____	_____	(<i>Adult / Youth</i>)
5. _____	_____	_____	(<i>Adult / Youth</i>)

❖ **Membership form must be completed and fees paid before the new member begins showing in order to be eligible for TCSC points.**

OFFICE USE ONLY	
ACCEPTED BY: _____	DATE: ___/___/___
(TCSC OFFICIAL)	CASH CHECK # _____