

SANTA BARBARA COUNTY RIDING CLUB MEMBERSHIP APPLICATION

SBCRC memberships are valid January 1st through December 31st of each calendar year.

Rider, Owner/Lessee and Trainer must be SBCRC members in order for points to count toward year end awards.

Type of Membership

___ Family \$65 (kids under 17)

___ Amateur /Junior \$45

___ Trainer/Professional \$45

___ Life \$280

___ Family Life \$380

___ Sustaining Member \$100

I want to support SBCRC with a donation \$25 \$75 \$100 Other \$_____

Date: ____/____/____

Applicant's Name: _____

Minor's Age _____ Minor's D.O.B. _____
If Family Membership, please list members or family

Spouse/Parent _____ Rider? Y or N

Child _____ D.O.B.: ____/____/____ Rider? Y or N

Child _____ D.O.B.: ____/____/____ Rider? Y or N

Horse's Show Name _____ Horse's Show Name _____

Name for Mailing Label _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email address _____

Trainer's Name _____

By submitting this application, I agree to comply with all rules of the SBCRC

Applicant's Signature _____ Date _____

or legal guardian if applicant is a minor) _____

Make Checks Payable to: SBCRC PO Box 54 Goleta, CA 93116