

# SANTA BARBARA COUNTY RIDING CLUB MEMBERSHIP APPLICATION

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

**Rider and Trainer must be SBCRC members in order for points to count toward year end awards.**

## Type of Membership

\_\_\_ Family \$100 (Includes Children under 17)

\_\_\_ Amateur /Junior \$45

\_\_\_ Trainer/Professional \$45

\_\_\_ Life \$450

\_\_\_ Family Life \$900 (Includes children until 18<sup>th</sup> Birthday)

\_\_\_ Sustaining Member \$100

I want to support SBCRC with a donation \$50 \$100 \$500 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