

MEMBERSHIP FORM

COME HORSE AROUND |

 New **Renewal**

DATE: / /

PLEASE PRINT LEGIBLY

Member: _____ Spouse: _____

Children's Names and Ages (21 and under) : _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: () _____ *Email address: _____

*If you do not have email or Facebook, shall we use text to update you? Y / N

*Type of Membership:

Family \$25 _____ (parents/guardians and their children, 21 years old or younger still living at home)

Single \$20 _____ (one individual age 19 and over)

Junior \$15 _____ (age 18 and under, must have a current club member sponsor) Sponsor: _____

Donate \$5 _____ (**\$5 donation** if you cannot assist the Club with an event this year.)

***On what event committee(s) will you serve*:** *(Events take work. We need your support to provide the events you're accustomed to enjoying. Many hands make light work. Please volunteer.)*

Fun Shows Poker Run Hunter Pace Fundraising/Publicity Grounds Member Only
 Welfare of the Club Trail Swap-n-Shop Other: _____

***What other events would you like to see offered by the Club this year?** _____

Make checks out to OCBSC and mail or hand deliver the completed form and check to:

**Secretary
OCBSC Membership
PO Box 120
Clarendon, NY 14429**

OFFICE USE ONLY	
PAID: _____	Cash__ Check # _____
Rec'd By: _____	
\$ Forwarded to Treasurer: _____	
PLACED ON EMAIL: _____	
PLACED ON DATABASE: _____	
TEXT: _____	

2024 Officers
President: Jayne Foose
Vice President: Andrea Louis
Treasurer: Pam Hodom
Secretary: Stephanie Hummel

~ Email: ocbsclub@gmail.com ~

Facebook: Orleans County Boots and Saddle Club ~ FB Member Group: Discussion Board