

MAGNOLIA COMMUNITY HORSE CLUB
APPLICATION FOR MEMBERSHIP
www.magnoliahorseclub.com

Name: _____ Phone: _____
Address: _____ Alt Phone: _____
City, State: _____ Zip: _____ Email: _____

DUES: \$40/year per household (includes dependents 18 years of age and under and up to 21 years of age and still enrolled in school (proof of full-time enrollment is required))

Membership Year	Date Paid	Amount Paid	Method of Payment		Officer Initials
			CK #	CASH	

Dependents (age as of January 1):

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

Please read and sign the Liability waiver below:

Membership not valid without signature

For and in consideration for membership in the MAGNOLIA COMMUNITY HORSE CLUB, I hereby release the MAGNOLIA COMMUNITY HORSE CLUB and any other organization or individual in charge of or connected with the MAGNOLIA COMMUNITY HORSE CLUB from any and all claims and/or liability from any accidents, injury, damage or loss incurred or suffered by me or anyone in my charge or care no matter what the nature or cause and I further agree to indemnify and hold harmless the MAGNOLIA COMMUNITY HORSE CLUB and any other organization or individual in charge of damages, costs, charges, expenses, legal fees or any other loss or expense incurred by said organizations or the individuals connected thereto resulting from any accident, injury, damage or loss incurred or suffered by any third party resulting from any acts or actions on my part or by anyone in my charge, whether such acts were intentional, accidental, or negligent which caused or contributed to the cause of such accident, injury, damage or loss incurred or suffered by such third party. I do hereby certify that I have read the foregoing and agree to same and further agree to abide by all rules and regulations of the MAGNOLIA COMMUNITY HORSE CLUB and state that I am qualified for membership therein.

Applicant Signature

Date

MAIL TO: MCHC, PO Box 756, Magnolia, TX, 77353-0756