



# Membership Form

You may print this and mail it with your payment to:

Mt. Stream Saddle Club  
% Kim Davis  
2892 Jackson Trail Road  
Jefferson, GA 30549

Type of Membership (check one)  Single \$20  Family \$30

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

please send as text only

Phone Home \_\_\_\_\_

Cell \_\_\_\_\_

Additional Family Member Names

_____	_____
_____	_____
_____	_____
_____	_____

*I undersigned, hereby agree to comply with the rules of the Mountain Stream Saddle Club. I will not hold Mountain Stream Saddle Club, its officers or members, liable for any theft or injury obtained while at Mountain Stream Saddle Club show or event. I hereby further release Mountain Stream Saddle Club from all responsibility.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian if under 18

Signed \_\_\_\_\_ Date \_\_\_\_\_

***Use Back Arrow on your browser to return to Mountain Stream Home page.***