



**SAN MATEO
COUNTY HORSEMEN'S
ASSOCIATION**

Membership Application

___ JUNIOR MEMBERS (17 OR UNDER)	Annual Dues \$15.00	<input type="checkbox"/> New	<input type="checkbox"/> Renewal
___ SENIOR MEMBERS (18 OR OLDER)	\$25.00		
___ MR./MRS. MEMBERS	\$40.00		
___ FAMILY MEMBERSHIP**	\$45.00		

[Parent(s) and unlimited number of children 17 or under]

I would like to contribute to the following events or functions (see listing at right) in the following amounts:

B \$ ___ E \$ ___ H \$ ___ L \$ ___
 C \$ ___ F \$ ___ I \$ ___ M \$ ___
 D \$ ___ G \$ ___ J \$ ___ Other \$ ___

- I would like to help with the following events/functions:
- | | |
|--|---|
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> H Junior Members |
| <input type="checkbox"/> B Trails | <input type="checkbox"/> I Playday |
| <input type="checkbox"/> C Western Riding Clinic | <input type="checkbox"/> J Hospitality |
| <input type="checkbox"/> D English Shows | <input type="checkbox"/> K Membership |
| <input type="checkbox"/> E Western Shows | <input type="checkbox"/> L Junior Color Guard |
| <input type="checkbox"/> F Magazine | <input type="checkbox"/> M Senior Color Guard |
| <input type="checkbox"/> G Trail Rides | <input type="checkbox"/> Other _____ |

**Please list names and ages of children:

TOTAL CONTRIBUTIONS _____ TOTAL AMOUNT ENCLOSED _____

Annual dues are for January 1 through December 31 of each year. Your cancelled check is your receipt.

Join after October 1 and your membership is paid through the following year.

Do you want to be included in our Membership Directory? (Must be received by Jan. 31) ___ Yes ___ No

NAME(S) _____ PHONE (____) _____

ADDRESS _____ EMAIL _____

CITY _____ STATE _____ ZIP CODE _____

PLEASE MAKE CHECKS PAYABLE TO SMCHA. PLEASE DO NOT SEND CASH. MAIL APPLICATION TO:

SMCHA • P.O. BOX 620092, WOODSIDE, CA 94062