



2024 Membership Application

Please fill out this form completely and return with \$35 check or money order for a single or household membership. Add \$15 per adult rider annually, ie family plus 1 adult is \$50.00

Name: _____

Address: _____

City: _____

Phone number: _____

Email: _____

Horse Breeds: _____

Horse Interest: _____

**Favorite Places
to ride:** _____

Per the by-laws and constitution, please volunteer at scheduled workdays. Please check the schedule to available use times. Most Friday-Sundays, the facility is rented for horse shows and closed to member riding.

**Please mail completed form to:
Henry County Saddle Club
P.O. Box 5 ~ New Castle, IN 47362
www.hcsaddleclub.com email: hcsaddleclub@gmail.com**