

Tri-County Horsemen, Inc.

Membership Application 2021

Name: _____ DOB: _____

Address: _____

Phone number: _____ E-Mail: _____

HORSES OWNED/LEASED: (owners of leased horses must also be members to be eligible for year ends)

Horse's Name: _____ Breed: _____

Horse's Name: _____ Breed: _____

Horse's Name: _____ Breed: _____

Horse's Name: _____ Breed: _____

EARLY BIRD SPECIAL (rec'd by 5/1/2021): Member type: Individual (\$20.00) _____ Family (\$30.00) _____

Memberships received after 5/1/2021: Individual (\$30) _____ Family (\$40) _____

(Family memberships consist of parents and children under 18 years old. Grandparents and children under 18 years old or legal guardian and children 18 years old.)

Family Member Name _____ Birth Date: _____

Family Member Name _____ Birth Date: _____

Family Member Name _____ Birth Date: _____

Family Member Name _____ Birth Date: _____

Please make checks payable to Tri-County Horsemen, Inc.

Send to: Tri County Horsemen- 493 Ridge Rd Warren, ME 04864

Payment of membership fee covers the calendar year 2021. Membership fee must be paid before the horse show points will begin to accrue for year-end awards and before May 1st to receive early bird discount. All annual memberships include a one-year subscription to The Horse's Maine & NH.

Disclaimer: I hereby enter this organization at my own risk subject to all rules and regulation of Tri-County Horsemen, Inc. I further agree that if any damage or loss to any horse, pony, rider, vehicle or article, I will make no claim against Tri-County Horsemen, Inc. its officers or club members. I further agree to indemnify and hold harmless Tri-County Horsemen, Inc. for any injury to any person or animal or damage to any property caused to or by my attendant, my animal or myself.

Signature required by member and parent or guardian if member is under 18 years of age.

Member Signature: _____

Parent/ Guardian Signature: _____

Early bird membership fees must be RECEIVED by May 1, 2021. All membership fees received after that date will be charged the full price on the 2021 fee schedule.

For Office Use Only: Date Paid _____ Amount _____ Check # _____ Cash _____