



# Membership Application

Date of Application: \_\_\_\_\_

**New Membership Options:**

- \_\_\_\_\_ Single (\$25)
- \_\_\_\_\_ Family (\$30)

**Renewal** \*\* Must be completed by Feb 28<sup>th</sup>.

\_\_\_\_\_ Single (\$20)

\_\_\_\_\_ Family (\$25)

\*\*Add \$10 Late fee if paid after Feb 28<sup>th</sup>.

\*\*\*Family includes Spouses and dependents under 19 years of age living at the same address.

Primary Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Family Members living at the address above:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

**Membership Rules:**

1. Renewals must be received by the treasurer before February 28<sup>th</sup>. Renewal application received after that date will be considered late and will be charged an additional \$10.00 late fee.
2. Anyone 19 years of age or older must join with their own membership. If you were a family membership last year, and were not 19, your membership will be considered a renewal if paid before February 28<sup>th</sup>.
3. Riding Divisions are determined by the rider's age as of January 1 of the current year.
4. To qualify for yearend awards, you must complete the workday requirements and show at two club shows.

**Release of Information:**

It is agreed and understood by the undersigned that for an in consideration of the opportunity of participating in the Maine Mavericks Horse show and activities, he/she does hereby and forever release and hold harmless Maine Mavericks, Inc. Any and all property owners whose premises the activities are held, the contestants and/or participants from any and all liability for damages and/or injuries of any nature or kind which may or might occurs by reason of any and all activities connected with the sport of horse showing held or sponsored by the Maine Mavericks, Inc. while the said undersigned or his/her family members are contestants, participants, viewers or visitors.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian if applicant is under 18 years old.

**Mail Completed Membership application and check to:**

**Maine Mavericks, Inc.  
C/O Dianne Lindeborn  
1053 Castle Creek Rd  
Castle Creek, NY 13744**