



True Grit Saddle Club Membership Form

Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ Email: _____

Please Circle one: Individual \$10 or Family \$15

If you are under 18yr of age you must have a family membership and have your parent or guardian fill out this form.

Names of members:(for family memberships only)

_____ Date of Birth: _____

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We do request you volunteer at least 1 hour of time at each of our shows.

Interests in volunteering (circle all that apply):

- Announcing** **Silent Auction** **Tack Swap** **Awards** **Office**
- Grounds keeping** **Stall check out** **Ribbons** **Advertising**

Other: _____

I agree to abide by all True Grit Saddle Club by-laws.

Signature/parent/guardian: _____ Date: _____

Please send this form with payment to: PO Box 147, Grand Rapids, MN 55744. By **May 1st 2024**