

BILLINGS SADDLE CLUB
P.O. Box 385
Billings, MT 59103-0385

APPLICATION FOR MEMBERSHIP

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Occupation: _____

Children's Names (If under 20 years of age)	Birth Dates
_____	_____
_____	_____
_____	_____

Individual* or Family Membership: _____

***Note: Married Individuals must join as a family. (BSC By-Laws, Art. III, Sec. 3)**

Areas of Interest: O-Mok-See _____ Horse Show _____

Other: _____

The undersigned hereby makes application for membership in the Billings Saddle Club and verifies that the above information is correct, including marital status as it relates to an individual/single membership. The undersigned understands my application will be presented to the Membership Committee for consideration and that I will be notified of my acceptance or otherwise.

Applicant

Sponsored by: _____

Amount Paid: _____

Membership Fees: **Family: \$120**
 Single: \$60
 Annual Dues cover calendar year.

Published: _____ Approved: _____ Notified: _____