



Membership Application

Name: _____

Street _____

Town or City _____

State _____ Zip Code _____

Telephone: _____

Email: _____

Emergency Contact: _____

Name: _____ Tel: _____

Horse(s)
Name: _____

Discipline: _____

Experience: _____

Trainer: _____

Membership Package:

- Individual Month \$250
- Family Month \$400
- Individual Year \$2500
- Family Year \$4000

Individual (1 horse)

Family (up to 3 horses)

Additional Horses () x \$50 each

List Three (2) References:

1. Name: _____

Tel: _____

2. Name: _____

Tel: _____

If Family:

(List other Members)

I _____, understand that CBEC has a membership selection/ approval process that is based on merits concerning equestrian experience, disciplines, and personal/ horse experiences and in no way is membership approval based on Race, Religion, Age, Gender, or Financial Status.

Applicant's signature: _____

Date: _____

For office use only:

Board approval:

Signature: _____

Date: _____

- Coggins & Vaccination Records*
- Hold Harmless Agreements (all riders)*