



## 2025 Membership Application

☐ Individual Membership \$20 or ☐ Family Membership \$40 or ☐ Associate Membership \$ 10

(If under 18, must be completed by parent or guardian)

(Immediate Family only)

(Non-riding/non-showing)

PLEASE PRINT CLEARLY

Member Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

PLEASE PRINT CLEARLY

E-Mail Address: \_\_\_\_\_

Do you prefer to be contacted by: ☐ E-Mail or ☐ Mail or ☐ Text or ☐ Facebook

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Members:

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Cell #: \_\_\_\_\_

I do hereby give consent to the persons named on the membership application participating in New Virginia Saddle Club (NVSC) activities and hereby release the NVSC, it's officers, agents, City of New Virginia, and all affiliated organizations of any responsibility for injury or damage done to myself, my family members, my livestock, or equipment resulting from participation or association with the New Virginia Saddle Club activities. I agree to receive correspondence via email, postal mail, text or phone. I give consent to the NVSC to publish my or my family's name(s), pictures and/or information in the current membership listing, Facebook or Web Page.

☐ I have read the NVSC rules and understand what is expected of me. (Copies available)

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

\*\*\*Make checks payable to: New Virginia Saddle Club (NVSC) \*\*\*

Mail completed form and payment to New Virginia Saddle Club, ATTN: Treasurer, P.O. Box 471 New Virginia, IA 50210  
Or turn in a NVSC event or a club meeting. New Virginia Saddle Club hosts membership meetings in Jan, Feb, Mar, Apr, and Oct @ 6pm at the New Virginia Library with details announced via e-mail & Facebook.

**Please sign waiver on back.**

Office Use Only: Date Received: \_\_\_\_\_ Cash/Check#: \_\_\_\_\_ Amount: \_\_\_\_\_