

SANTA BARBARA COUNTY RIDING CLUB MEMBERSHIP APPLICATION

SBCRC memberships are valid January 1st through December 31st of each calendar year.
Both rider and owner/lessee must be SBCRC members in order for points to count toward year end awards.

Type of Membership	I want to support SBCRC with a donation
___ Family \$45 (kids under 17)	\$30
___ Senior \$40 (18 & older)	\$60
___ Junior \$35 (17 & under)	\$100
___ Life \$280	\$ _____
___ Family Life \$380	\$ _____

Date: ____/____/____

Applicant's Name: _____

Applicant's Signature (or legal guardian if applicant is a minor) _____

Minor's Age _____ Minor's D.O.B. _____

If Family Membership, please list members or family

Spouse/Parent _____ Rider? Y or N

Child _____ D.O.B.: ____/____/____ Rider? Y or N

Child _____ D.O.B.: ____/____/____ Rider? Y or N

Horse's Show Name _____ Horse's Show Name _____

Important Please let us know if you have a new horse to add to your membership during the show season so that we can track it properly.

Name for Mailing Label _____

Address _____

City _____ State ____ Zip _____

Phone _____ Fax _____

Email address (very helpful for eblasts, etc.) _____

Trainer's Name _____ Barn _____

By submitting this application, I agree to comply with all rules of the SBCRC

Signature _____ Date _____

Please mail me a copy of the current SBCRC Rule Book

Please make checks payable to: SBCRC

Mail Payment with application to:

SBCRC PO BOX 54, Goleta, Ca, 93116

