

TOMAH SADDLE CLUB

P.O. BOX 901

TOMAH, WI 54660

tomahsaddleclub.org

Name: _____

Address: _____ **City & State** _____

Birth Dates _____ **Zip Code** _____

Children's names & ages as of Jan 1 Parent or guardian must join if member is under 13

Name: _____ **Birth Date:** _____

Name: _____ **Birth Date:** _____

Name: _____ **Birth Date:** _____

Name: _____ **Birth Date:** _____

Dues are \$10.00 per person. OR \$ _____

Family rate \$30.00 for 4 or more members OR \$ _____

No membership, newsletter only- \$5.00 \$ _____

ALL DUES MUST BE PAID TO THE SECRETARY ALONG WITH THIS FORM. ALL INFORMATION IS FOR THE USE OF TOMAH SADDLE CLUB ONLY.

PLEASE MAKE CHECKS PAYABLE TO: TOMAH SADDLE CLUB

I would like my newsletter please check one of the following:

_____ **I would like my newsletter by mail**

_____ **I would like my newsletter by email :** _____

FOR OFFICE USE ONLY

AMOUNT PAID: _____

DATE RECEIVED: BY: _____