



Membership Application

OFFICE USE ONLY

Paid: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Method: \_\_\_\_\_

Affidavit Signed: NH PC Released Signed: \_\_\_\_\_

Mail application to:

FloridaBarrelHorses.com

6809 SR 70 East, Bradenton, FL 34203

Phone: 941-753-1137 Fax: 941-753-7690

Tour Year: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

(Age is determined by actual age on January 1<sup>st</sup> of the year in which this application is being submitted)

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Total Annual Dues: \$25.00**

FAMILY MEMBERSHIP

The Family Membership Program applies to two, three or more family members living in the same house. Family members are defined as: husband, wife, parent, child, sister, brother, grandchild, grandparent, or legal guardian. The first two family members, whether adult or child, pays the full membership fee (\$25 for one year) in order to receive the reduced rates for other family members. All family members must be under the same plan. Additional family members may be added at any time. However, the new member(s) will expire at the same time as the existing members.

Additional Family Members:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Annual Dues: \$25.00

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_ Annual Dues: \$10.00

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_ Annual Dues: \$ 0.00

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_ Annual Dues: \$ 0.00

Total Fees Submitted: \_\_\_\_\_

MAKE CHECKS PAYABLE TO: FloridaBarrelHorses.com

\$30 FEE CHARGED ON RETURNED CHECKS – PLEASE DO NOT SEND CASH

Check # \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

In making application for membership in FloridaBarrelHorses.com, I hereby agree to abide by all of its rules and regulations and I understand that before competing in TOC (FloridaBarrelHorses.com Tour of Champions) events I must read and sign the FBH ASSUMPTION OF RISK, WAIVER, AND RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT. Applicant(s) acknowledges that he or she has no absolute property or other right to participate in FBH events. Membership is good for twelve (12) months from date of signature.

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