

Tacoma Lariettes
Application for Membership

I, _____ wish to apply for
Membership in the Tacoma Lariettes.

_____ Active Member _____ Associate Member (check one)

I own _____, Do not own _____, my own horse (check one)

Breed: _____ Color: _____

Sex: _____ Name: _____

Name _____

Address _____

Home Phone _____ Cell _____

My Sponsor, both active members for more than one year:

Applicant's Insurance company policy and number:

Photocopy proving liability coverage must be submitted before the three rides start.

Dues are payable in advance and must accompany the application.

Amount \$ _____ Bylaws received date _____

Date voted in _____ Date horse measured _____ Height _____

Date Horse accepted _____

I understand that when I become a member of the Lariettes and the Tacoma Unit #1, I Agree to ride and participate in their activities on or off the Tacoma Unit's ground at my Own risk. I will hold neither organization nor their members responsible for any injury Or loss that I may experience during these activities and I will carry adequate personal Medical insurance should such an accident occur. By signing your application you are Agreeing to the terms and conditions of the bylaws.

Applicants signature _____ Date _____