

MEMBERSHIP APPLICATION OF INTENT
TWIN LAKES RIDING CLUB
P.O. BOX 361
ORANGEVALE, CA 95662

DATE: _____

NAME: _____
(Last) (Husband) (Wife)

ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE: _____ EMAIL: _____

OTHER FAMILY MEMBERS (AS DESCRIBED IN ARTICLE I SECTION I OF THE BY-LAWS) ARE:

NAME: _____ BIRTH DATE: _____

NAME: _____ BIRTH DATE: _____

NAME: _____ BIRTH DATE: _____

NAME: _____ BIRTH DATE: _____

INITIATION FEE: \$20.00 + Prorated dues of \$5.00 per month to the end of the year MUST accompany application with the initiation fee.

DUES: \$60.00 per year (due in January) RECEIVED BY: _____

EFFECTIVITY OF MEMBERSHIP: Upon competition of all of the following:

- (a) Submission of completed club application to the club;
- (b) Attendance of three (3) business meetings within 6 months;
- (c) Submission of initiation fee plus dues pro-rated to end of the year to the club treasurer;
- (d) Acceptance, by secret ballot, by 2/3 of the voting membership present at time of voting; and
- (e) Notification by mail regarding acceptance. Applicant not accepted will receive initiation fee and dues by return mail. **Membership becomes effective on the 1st of the month following notification.**

TWIN LAKES RIDING CLUB strongly encourages EVERY member to maintain adequate liability insurance and recommends each member review their insurance annually to ensure they are properly covered.

SIGNATURE: _____

Recommended for membership by: _____ Approved by Membership: _____

Record of Attendance: (for Club use only)		
Date Meeting Attended	Verified by:	
_____	_____	Votes Counted: _____
_____	_____	Letter Sent: _____
_____	_____	