



# Kin Krest Saddle Club

www.kinkrest.com

## Application for Membership

### Single Membership: \$15

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ \*\*\*Cell Phone \_\_\_\_\_

Zip Code \_\_\_\_\_ \*\*\*E-Mail \_\_\_\_\_

### Family Membership: \$20

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

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ \*\*\*Cell Phone \_\_\_\_\_

Zip Code \_\_\_\_\_ \*\*\*E-Mail \_\_\_\_\_

### List Names and Birthdays of Children:

1) \_\_\_\_\_

3) \_\_\_\_\_

2) \_\_\_\_\_

4) \_\_\_\_\_

How did you hear about Kin Krest Saddle Club? \_\_\_\_\_

Is this your first year? \_\_\_\_\_ If not, what year did you join? \_\_\_\_\_

Would you or any member of your family be interested in any club committees?

**Social** \_\_\_\_ **Trail** \_\_\_\_ **Show** \_\_\_\_ **Newsletter** \_\_\_\_ **Fundraising** \_\_\_\_ **Horse Council or DCHA** \_\_\_\_

What ideas do you have for KKSC events or speakers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please make checks payable to **Kin Krest Saddle Club**

Send or give to: **Jeannine Weyker, 2840 Division Road, Jackson, WI 53037**