



Franklin County Equestrian Club (FCEC) Membership Application

Name: _____ Spouse: _____

Children's Name(s) & Ages: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

(Note: Email is our PRIMARY means of communication – outside our regular meetings).

Membership Type: Note: Additional horse/rider combo may be purchased for \$10.00 per combo. Please list any additional horse/rider combo on back.

Family - \$25.00 ~ Horse/Rider Combo 1: _____ FCEC Back # _____

Horse/Rider Combo 2: _____ FCEC Back # _____

Single - \$15.00 ~ Horse/Rider Combo 1: _____ FCEC Back # _____

Junior - \$10.00 ~ Horse/Rider Combo 1: _____ FCEC Back # _____

Additional Horse/Rider Combo ~ \$10.00 _____ FCEC Back # _____

Additional Horse/Rider Combo ~ \$10.00: _____ FCEC Back # _____

Please check all that apply:

I/We acknowledge that I/We have received/read the FCEC Bylaws, Rules and Regulations and agree to abide by them accordingly.

I/We acknowledge that I/We have received/read the Equine Release, Waiver, Indemnification, and a signed copy is attached with my membership application.

I/We elect to OPT Out of providing a minimal of 3 Volunteer Hours and elect to pay the \$30.00 per Awards fee.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Referred for Membership by: _____

Make check payable to Franklin County Equestrian Club and submit to Club Secretary or mail to:

**FCEC
897 Muse Field Road,
Rocky Mount, Virginia 24151**

For Office Use Only: Check # _____ \$ _____ Cash \$ _____ Date: _____ Rec'd by: _____