



United Sidesaddle Society Additional Equine Membership Application

Equine Name _____
Breed or Cross _____

_____ \$10 Yearly Please
_____ \$150 Lifetime check one.

If applicable please include copy of registration papers

Currently we are only able to accept checks or money orders.

Foal Date (or Approx.) _____ / _____ / _____

Owner's Name _____
Address _____

Brief Equine Description (color, markings etc.)

Street _____
City _____ State/Prov. _____
Zip/Postal Code _____ Country _____
E-mail address _____

Equine Owner: Please Read & Sign

I hereby attest to being the legal owner of the above named animal. I give my express permission for the above named animal to become an Equine Member with the United Sidesaddle Society. I also give my express permission for the above named animal to participate in the United Sidesaddle Society Award Program.

_____ / _____ / _____
Signed Dated

Office Use Only

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AY	AN	AL
MN	_____	
EN	_____	

Please return completed form & payment to: USS
www.unitedsidesaddle.com PO Box 34, Malone, WI 53049
membership@unitedsidesaddle.com

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