

Date:				
Is this application for a NEW MEMBERS	SHIP or a RENEWAI	L MEMBERSH	HIP (CIRCI	LE ONE)
Member #1 Name:				
Member # 2 Name:				
Member #2 relationship to Member #1				
Name of children attending club events w	// member:			
Address:				
City:	State:	Zip Code:		
Member #1 Contact Phone: ()		Home	Cell	Work
Member #2 Contact Phone: ()		Home	Cell	U Work
Email Address Member #1:		(please print clearly)		
mail Address Member #2:(please print clearly)				

Membership Type and Rental Options	Fee	Please Check	Payment Type (Cash, Check, PayPal)
Individual Membership w/Equines (Anyone age 18 or older with or without children)	\$45.00		
Individual Supporting Membership wo/Equines (Anyone age 18 or older with or without children)	\$45.00		
Family Membership w/Equines (2 Legally joined adults, residing in the same household with or without children under age 18 [civil unions, domestic partners, husband/wife, etc.]) (whether spouse or children ride)	\$90.00		
Family Supporting Membership w/o Equines (2 Legally joined adults, residing in the same household with or without children under age 18 [civil unions, domestic partners, husband/wife, etc.]) (whether spouse or children ride)	\$90.00		
Lot Rental	\$200		
Stall Rental	\$25.00		
Guest with horse – Day Fee *	\$5.00		
Corral Use for Guest Horse *	\$5.00		



* Combined Fee \$10 per day					7
*Children are defined as family n	nember who is 17 years old	and younger			_
Number of equine(s) owned/lease	ed () Name(s) of equi	ne(s)			
If equine is leased, please provide	e name, address and phone i	number of owner:			
If you are a new member, why do	you wish to join Reddingto	on Rock Riding Clu	ıb?		
Do you have any special skills, in better place? (cpr, a trade, hobby,	•	ı would like to sha	re to help	our club becor	ne a
If a NEW member, have you even If you answered yes, who was the If a NEW member, what function	e member?				
If a NEW member, how did you l Facebook Open House Websi	,	,	Flyer	Other	7
If you are going to have a camper or	n site for more than 3 months i	n the calendar year, j	please prov	vide the following	ng:
Year, Make, and Model of Camper	-	Plate #		State	
In Case of Emergency, please contac Name:		hone			
Address:					
Relationship:					



(CIRCLE ONE)

I/We wish to rent the same camp site / stall for the season	yes	no
I/We wish to change lots/stalls if one is available	yes	no
I/We wish to rent # stall(s) for the season	yes	no
I/We wish to relinquish my lot/stall	yes	no
I/We wish to be placed on the wait list for a lot/stall	yes	no
I/We wish to lend out my lot/stall if it is needed	yes	no
I would like to be added to RRRC Facebook riding chat group	yes	no
Can you provide proof of rabies vaccine (or titer) and coggins?	yes	no

OK to include Personal Information on Club Distribution List	(please initial)
I agree to perform 10 volunteer hours or pay up to a \$100 fee	(please initial)
I agree to have my name, picture and likeness used for printed	(please initial)

materials, trail rider, social media, and website

Please Initial:

I have received and read the RRRC Constitution and agree to abide by the rules of Reddington Rock Riding Club, Inc,

I/We acknowledge as a member I/We assume the risk and legal responsibility as such and agree to make no claim against RRRC Inc, its officers or members.

I/We acknowledge I/We are responsible for all actions and damages that may be caused by myself, my Equine(s), and/or guests.

Signed (Member #1)

Signed (Member #2)

Date

Date



Please send below completed application/renewal along with payment to RRRC – Membership Committee PO Box 676 Somers, CT 06071

For Internal Use Only

RRRC Members Comment(s):

Membership fee received by:	_ Date Received:
Approved/Denied:	Date:

Added New Member to Mailing List

Contacted Camp Committee to add name to waiting list for Campsite/Stall

Sent dues and fees to Treasurer

Sent name, address and email address to Newsletter publisher