

# Kin Krest Saddle Club

[www.KinKrest.com](http://www.KinKrest.com)

## APPLICATION FOR MEMBERSHIP

**Important:** All memberships are based on calendar year and will expire on December 31.  
Please allow approximately 2 weeks for processing. One form per membership. OK to Duplicate.

DATE: \_\_\_ / \_\_\_ / \_\_\_\_\_

**Select 'Membership Type' below:**

Single: \$15.00      Family: \$20.00

**Make Checks Payable to:**

**Kin Krest Saddle Club**

**Mail to:** Nancy Edwards

5011 Hilldale Dr., Hartford, WI 53027

### Applicant Information

APPLICANT: \_\_\_\_\_

Birthday Month: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ CELL #: ( ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

*\*Required for FAMILY Membership, otherwise optional, but a good idea for emergency contact.*

\*SPOUSE: \_\_\_\_\_ Birthday Month: \_\_\_\_\_

\*E-MAIL: \_\_\_\_\_ \*CELL #: ( ) \_\_\_\_\_

### CHILDREN (If applying for Family Membership)

Child 1: \_\_\_\_\_ Birthday: \_\_\_\_\_

Child 2: \_\_\_\_\_ Birthday: \_\_\_\_\_

Child 3: \_\_\_\_\_ Birthday: \_\_\_\_\_

Child 4: \_\_\_\_\_ Birthday: \_\_\_\_\_

Child 5: \_\_\_\_\_ Birthday: \_\_\_\_\_

Child 6: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

Is this your first year? \_\_\_\_\_

If not, what year did you join? \_\_\_\_\_

Would you be interested in any particular committees? \_\_\_\_\_  
( Entertainment & Social, Fundraising, Horse Show, Trail, DCHA, Horse Council, NKHTA, Other )

What ideas or topics interest you for meeting presentations and speakers? \_\_\_\_\_