Saint Jo Riding Club Membership Form

Name of member:				
Beginning date of members	ship:			l.
Mailing address:				
City:	State:	Zip Co	ode:	
Home phone:				
Cell phone:				
May we text you? (for busir			or	NO
E-mail:				
I have read and agree to abide by the byla times. I agree not to hold the Saint Jo Rid responsible for any theft or accident which	ing Club, property owners, sponsors	or any individual of		
Signature:		Date:		
We are located on Facebook Our web site: <u>www.saintjorod</u> Our e-mail address: <u>sjrcrode</u>	deo.com	aintjorodeo		
Member dues are \$5 for the f			-	
Membership dues paid: Y	ES OF NO Tea	u		
Notes:				
Notes:				