



## 2018 Membership Form

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ I am a new member \_\_\_\_

\*Age (as of January 1st) is required for each family member competing.\*

Please list family members including last names, if different than person above.

**Family Members:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Membership Fees:**

Single: \$15.00  
 Couple: \$25.00  
 Family: \$35.00

**Checks payable to: *Flying Lead Saddle Club Inc***

Mail To:  
 Flying lead Saddle Club  
 Secretary  
 P.O. Box 43  
 Iron, MN 55751

\*\* Couple is 2 persons in a household  
 \*\* Family is 3 or more persons in a household