

AIKEN LADIES ASIDE
MEMBERSHIP APPLICATION

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: ____/____/____ Work: ____/____/____ Cell: ____/____/____

Email: _____

Membership Type

Individual \$25____ Family \$30____

Riding Style(s)

Please indicate all that apply.

____ Dressage ____ Saddle Seat
____ Hunter/Jumper ____ Stock Seat/Gaming
____ Western Pleasure ____ Other

Experience

Please indicate the type of events you and your horse have participated in

____ Parades ____ Re-enactments
____ Horse Shows ____ Horse Fairs/Demos
____ None of the Above ____ Other

Other Information

Do you own a horse? ____ Yes ____ No

What is his/her name? _____

Do you own a sidesaddle? ____ Yes ____ No

If yes, what kind? _____

PLEASE MAIL COMPLETED FORM TO
Sarah Accord 1219 Stiefel Road Aiken, SC 29805