

AMERICAN ASSOCIATION OF SHERIFF POSSES & RIDING CLUBS

MEMBERSHIP APPLICATION (Revised 10/2025)

Please Print or Type

HOME CLUB _____

REGION #_____ DISTRICT #_____

NAME THAT MEMBERSHIP WILL BE IN _____
Please fill one line for every member of Family

NAME_____DOB_____MALE/FEMALE

NAME_____DOB_____MALE/FEMALE

NAME_____DOB_____MALE/FEMALE

NAME_____DOB_____MALE/FEMALE

NAME_____DOB_____MALE/FEMALE

NAME_____DOB_____MALE/FEMALE

NAME_____DOB_____MALE/FEMALE

Please give all information:

STREET ADDRESS_____

CITY, STATE & ZIP CODE_____

EMAIL ADDRESS to receive official notifications_____

PHONE NUMBER HOME_____CELL_____

CIRCLE TYPE OF MEMBERSHIP THAT APPLIES:

FIRST TIME FAMILY MEMBERSHIP \$40/YR

RENEWAL FAMILY MEMBERSHIP \$75/YR

WARNING:

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE ACTIVITY SPONSOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

By signing this application, I understand and take full responsibility for the safety of myself and my family and release the American Association of Sheriff Posses and Riding Clubs from any liability per Texas Law (Chapter 87, Civil Practice and Remedies Code).

Signature (must be at least 18 years old)

Date

Submit Membership Form to your District Secretary. District Secretaries, memberships mailed MUST be postmarked by February 28, 2026.

***District Secretaries: Please mail Membership Forms & Fees to:
Summer Watson, 202 Kathryn Dr., Sanger, TX 76266**