

AMERICAN ASSOCIATION OF SHERIFF POSSES & RIDING CLUBS  
MEMBERSHIP APPLICATION

**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 \$25/YR

RENEWAL FAMILY MEMBERSHIP \$60/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: Please mail Membership Forms & Fees to:  
Lynn Cox, 10621 FM 455W, Sanger, TX 76266**