



**TEMPLE LONGHORN RIDING CLUB
MEMBERSHIP APPLICATION**

Name: _____ Date: _____

Mailing Address: _____ Email Address: _____

Contact Phone Number: _____

Please list the names and ages of all family members under the age of 18 and residing at the above address who will be sharing your membership.

IF IN AGREEMENT, PLEASE INITIAL BEFORE THE FOLLOWING STATEMENT:

_____ I will abide by all rules and regulations of the Temple Longhorn Riding Club.

Printed Name

Signature

President's Signature

Witness

Date

Date

Who referred you to the club? _____

****THE ANNUAL DUES FOR THIS CLUB ARE \$40.00 PER YEAR.****

Send dues to: TLRC
PO Box 32
Temple, TX 76501

Additional Family Information

We'd like to know a little more about you! Please list the names of your family and birth dates below. You may also tell us a little about your horse and what events you participate in.

Name	Birthday

**I like to participate in these horse-related activities
(please place an "x" in the box next to the activity)**

Western Pleasure	<input type="checkbox"/>	Team Penning	<input type="checkbox"/>
Trail	<input type="checkbox"/>	Roping	<input type="checkbox"/>
English/Hunter	<input type="checkbox"/>	Cutting	<input type="checkbox"/>
Halter	<input type="checkbox"/>	Trail Riding	<input type="checkbox"/>
Barrel Racing (speed events)	<input type="checkbox"/>		<input type="checkbox"/>
Other: List Below			
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

**I authorize TLRC to release my mailing information to other area horse clubs/related activities to receive flyers and notices for these clubs/activities.
(Ex. CTQHBA, BC 4H, MTQHA, etc.)**

YES I authorize TLRC to use my address

_____ signature

NO I do not authorize TLRC to use my address

_____ signature