

**PASADENA HORSE AND PONY ASSOCIATION**  
**Membership Form for 2012**

Ck ___ Cash ___
Amount Pd _____
Init. _____
To be filled in by treasurer or helper.

Individual (Must be 18 or over)	\$15.00 per year
Two Person Household	\$20.00 per year
Three or More Person Household	\$25.00 per year
Groups	\$30.00 per year

Dues are for Jan. 1 through Dec. 31.. Inactive members will be reinstated upon payment of their dues.

**PLEASE PRINT names and dates of birth of all members of household. For groups, use line 1 for group name, line 2 for contact person, line 3 for voting person, if different. Fill in Address, etc., for contact person.**

1. \_\_\_\_\_/\_\_\_\_/\_\_\_\_ 4. \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
2. \_\_\_\_\_/\_\_\_\_/\_\_\_\_ 5. \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
3. \_\_\_\_\_/\_\_\_\_/\_\_\_\_ 6. \_\_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail (please print carefully) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Liability Release Statement:**

In consideration of the right to participate in horse shows, trail rides, clinics, camps and other activities sponsored by the Pasadena Horse and Pony Association ("PHPA"), and with full understanding that horseback riding and related activities are inherently risky activities, and that these activities are undertaken at the sole risk of the undersigned, the undersigned for him/herself, his/her dependent children and his/her heirs and personal representatives, hereby releases and forever discharges PHPA and its officers, directors, members successors and assigns, from and against any and all claims, liabilities, suits, actions and proceedings of every nature and description, direct or indirect, known or unknown, absolute or contingent, both in law and in equity, which the undersigned or his/her dependent children may have against any of them in connection with the participation by the undersigned or the dependent children of the undersigned in the above described activities.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Signature of Member or Group Contact Person** **Date**

(or parent or guardian of member under age 18)

Note: Parent or guardian must sign for applicant under 18 years of age and also be a member of PHPA.

**Please make check payable to PHPA. Send completed form and check to:** Alice Dibben, Secretary  
4748 Mountain Road  
Pasadena, MD 21122

To help the PHPA plan activities please check the answers that apply to your membership:

1. Name _____	Rider ___	Western ___	English ___	Beginner ___	Intermediate ___	Advanced ___	Volunteer ___
2. Name _____	Rider ___	Western ___	English ___	Beginner ___	Intermediate ___	Advanced ___	Volunteer ___
3. Name _____	Rider ___	Western ___	English ___	Beginner ___	Intermediate ___	Advanced ___	Volunteer ___
4. Name _____	Rider ___	Western ___	English ___	Beginner ___	Intermediate ___	Advanced ___	Volunteer ___
5. Name _____	Rider ___	Western ___	English ___	Beginner ___	Intermediate ___	Advanced ___	Volunteer ___
6. Name _____	Rider ___	Western ___	English ___	Beginner ___	Intermediate ___	Advanced ___	Volunteer ___