



**SADDLE SEAT CANADA MEMBERSHIP APPLICATION
RENEWAL FORM 2024**

Name:			
Address:			
	City	Province	Postal Code
Phone:	() Home	() Cell or Business	
Email:			
BIRTHDATE Juniors Only	Day/month/year		
Membership Fee Schedule:	Memberships expire Dec 31 of current year Please select your membership type		PRICE
Individual:	1 voting member (over 18 as of January 1, of current year)		\$25.00 []
Junior:	1 non-voting member (under 18 as of January 1, of current year)		\$25.00 []

PROVINCIAL ORGANIZATION # _____
(Example AEF#, OEF#, required for insurance)

GENERAL SPONSORSHIP: \$ _____

WORLD CUP/INVITATIONAL SPONSORSHIP..... \$ _____

Thank you for your sponsorship! **Total:** \$ _____

Online renewal is available. Please complete this form and indicate online renewal and the pay pal receipt number or renew via mail. Please make your membership cheque payable to SADDLE SEAT CANADA, and mail *with entire form* to:

SADDLE SEAT CANADA
c/o Raylene McWade
1268 Township Road 384
Red Deer County, AB
T4E 0P1

***I, the undersigned, do consent [] do NOT consent [] to the use of my personal information (to include name, address, e-mail address and telephone number) for the purposes of SADDLE SEAT CANADA in their publication of membership lists, newsletters, directories, and other publications. *I agree to abide by the rules and bylaws of SADDLE SEAT CANADA.**

Signature (Parents/Guardians must sign for Junior Memberships) **Date**

***Unsigned forms will not be accepted, and will be returned for signature**

[] Online renewal - Paid via pay pal **Pay Pal Receipt #:** _____