



SADDLE & HARNESS ASSOCIATION

Membership

Please Check a Box:

Date _____

\$20.00 Individual Youth Membership

\$25.00 Individual Adult Membership

\$35.00 Family (in same household) Membership**

Membership is from January to December and there is no proration.

All persons receiving benefit of Membership **Must be listed.**

Family Membership Includes All persons living in the same **household.

Name of Member: _____

Household members:

Mailing Address:

Street _____

City: _____ ST: _____ Zip: _____

Email: _____ Phone Number: _____

PLEASE PROVIDE AN EMAIL ADDRESS SO YOU CAN GET THE LATEST UPDATES FAST.

Banquet ticket Included with your membership:

Individual Membership will receive 1 free Year- End Banquet ticket

Family Membership will receive 2 free Year-End Banquet tickets

Competing Members will receive 1 additional free Year- End Banquet ticket.

Not valid unless waiver is signed.

Please make checks payable to Saddle & Harness and mail to:

33562 Yucaipa Bl 4444

Yucaipa, Ca 92399

Thank you for your generous support !

For more info. contact Saddleandharness16@gmail.com

Revised 01/01/2023

Show Dates 2023

- February 26, 2023
- March 19, 2023
- May 14, 2023
- June 25, 2023
- September 10, 2023
- October 29, 2023

Board:

Robert Wise- President- Judges
Contact: 909-693-2065

Darlene Bently- Sec/Treas
Contact:
TheTaxiLady02@gmail.com

Vickie Smith- Director- Show Committee-Entries

Barbara McCarthy-Director- Facebook

Janella Denny Mullican - Banquet Committee

Associates:

Gloria Gomez- Entries
Barbara McCarthy- Gate And Photographer

Nancy Van Sickle- City Liaison and Equipment Handler

If you want to help at the shows let us know and we can put you to work. We appreciate all the help.

Always need help at the Gate.

Payment Authorization Form

SECTION 1 - Merchant Information

Merchant name: _____

Merchant address: _____

Merchant phone number: _____ Email address: _____

SECTION 2 - Authorization Agreement

I, _____, authorize **Saddle and Harness Assoc.** to charge my:

credit card

checking account

debit card

savings account

on a [*one-time*] basis as payment for: Membership or entry fees

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Customer name: _____

Billing address: _____ Zip code: _____

Credit Card Information - if charging a credit or debit card

Card type (select one):

MasterCard

Discover

Visa

Other: _____

American Express

Card number: _____ Expiration date (MM/YYYY): _____

**Please note, you will be contacted via the phone number you provided to request for your card CVV in compliance of PCI standards,

Bank Account Information - if charging a checking or savings account

Account Number: _____

Routing Number: _____

I understand that my information will be saved to file for future transactions on my account and authorization will remain in effect until I formally request cancellation.

Customer signature: _____ Date: _____