



INFORMATION FOR APPLICANTS

New members make application to join Appleatchee as a family group or as an individual. A family group shall consist of a man and wife, or parent or parents, with children under the age of 21 years of age residing in the same household. In order for a couple to qualify for a family membership, they must be married. An individual membership consists of person eighteen years or older. The following application must be completed and accompanied by a \$100.00 initiation fee and \$367.50 for a family membership or \$262.50 for an individual membership. Members who apply after June 30th of the current year pay a \$100.00 initiation fee and \$183.75 for a family membership or \$131.25 for and individual membership. Memberships must be renewed annually.

Applications are available in the Appleatchee Office Monday through Friday, please call for times. Completed applications with proper fees included may be brought directly to the office. At which time you will be required to go over the grounds rules with an Appleatchee employee. There will then be an orientation period, of around 30-45 days, after which point you will be asked to attend the monthly Appleatchee board meeting held every third Wednesday of the month. Scheduled meeting date: Month _____, Day _____ Time 7:00 pm in the clubhouse.

Please be aware that membership in this association provides its members full use of the facilities and requires individuals to abide by its Bylaws and Ground Rules and actively participate in its operation and maintenance.

Members are encouraged to participate in operations and maintenance of the club facilities. Work parties for specific causes may be established from time to time i.e. spring cleanup, fall winterization. These activities provide excellent opportunities to socialize and result in cost savings and personal pride in ownership of the club facilities. Members are also encouraged to participate in division events.

If you have any questions about this application please call the Appleatchee Office at (509) 663-3175 or e-mail us at appleatchee@nwi.net.

Appleatchee Riders Association
PO BOX 22 or 1130 Circle Street
Wenatchee, WA 98807
www.appleatcheeriders.com



APPLICATION FOR MEMBERSHIP

I and/or my family would like to become a member(s) of Appleatchee Riders Association. I understand that this organization is made up of individuals and families that enjoy horses and want to own, promote and develop the training of horses.

My check, including the initiation fee of \$100.00, plus annual membership dues of \$367.50 for a family or \$262.50 for an individual is attached. If application is made following June 30 of the current year, dues for the remainder of the year are \$183.75 for a family or \$131.25 for an individual.

PLEASE PRINT OR TYPE

Name of Applicant _____ Birth Date _____

Spouse's Name _____ Birth Date _____

Name & Birth Date of all dependents (21 years and under living at home)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address (Street/PO Box) _____

City _____ State _____ Zip Code _____

How long at present address? _____ Home phone _____ Work Phone _____

Email address _____ Cell Phone _____

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Have you ever been an Appleatchee member? _____ If so, what year(s)? _____

Reason for leaving _____

How did you learn about Appleatchee Riders? _____

Why do you want to belong to Appleatchee Riders? _____

What special skills, talents, interests, etc. do you and/or your family members have that you feel could contribute to this Club? You may be asked to contribute to asset in overall club operations or divisions events.

SPONSORS

Signature of Active Appleeatchee Member

Signature of Active Appleeatchee Member

PERSONAL REFERENCES (Other than Family)

Name _____ Phone _____

Address _____ State _____ Zip _____

Name _____ Phone _____

Address _____ State _____ Zip _____

EMERGENCY CONTACT

Name _____ Phone _____

EMPLOYMENT HISTORY

Employer _____ Phone _____

Spouse Employer _____ Phone _____

PERSONAL HISTORY & INTERESTS

Number of years you have worked with or been around horses? _____

Brief description of your experience with horses (Use additional sheets as necessary): _____

Number of horses currently owned? _____

Horses are currently boarded at _____ How long? _____

Do you have a regular vet? _____ Name _____ Phone _____

Are you in need of stall(s) as they become available? _____ How many? _____

\$100.00 refundable deposit required to get your name on the stall list.

ACTIVITIES OF INTEREST

(Please Circle All That Apply)

4-H	Barrel Racing	Dressage	Driving
Gaming	Giving Lessons/Training	Jumping	Performance
Pleasure	Reining	Roping	Taking Lessons
Team Penning	Trail Riding	Other _____	

Your application must be submitted to the manager for review. You will be notified of acceptance or denial. If accepted you will be an "associate member" for a period of one year after which you will then be eligible for consideration as an "active member" as vacancies in the active membership become available.

I hereby release the above information for verification. I have read and understand the wording and intent of this application for membership in Appleeatchee Riders.

Signature of Applicant Date

Signature of Applicant Date



2018 MEMBERSHIP

Last Name _____ First Name _____

Spouse _____ Home Phone _____

Work Phone _____ Cell Phone _____

Email Address: _____

Mailing Address: _____

City _____ State _____ Zip _____

Do you wish to receive your Appleatchee Newsletters or correspondence via E-Mail?
Please circle one..... YES NO

Child Birth Date Child Birth Date

LIABILITY RELEASE AND INDEMNIFICATION

I hereby acknowledge and certify that wherever horses or cattle are present or in use there is the potential for accidents which can result in injuries to or the death of other horses, cattle, riders, participant's guests and spectators.

As part of the consideration for access to property owned by Appleatchee Riders Association (the "Association") and/or participation in activities sponsored by the Association, including the boarding of animals on property owned by the Association, I do hereby voluntarily assume all risks and danger or injury, harm, loss or damage to my person or my property, including my horse and I do hereby release, hold harmless, indemnify the Association, its directors, officers, employees and agents, from and against any and all loss, injury, expense, damage, claim, legal action, judgments, penalties, fines, settlements, and reasonable expenses, including attorney's fees, actually incurred by the Association and its directors, officers, employees and agents, arising out of or related to the use of the grounds, stables, and other property owned by the Association, by me, my animals, my spouse, my children, any minors for whom I act as a defacto or legal guardian, my guests, or their animals. Non-members are not permitted on Appleatchee grounds except as a guest of Appleatchee Riders for one time and only in the direct, immediate company of a member.

I, the undersigned, recognize the dangers inherent with horseback riding and related equestrian activities. I am assuming the hazard of this risk upon myself, since I wish to ride, and/or handle horses. I realize that I am subject to injury from these activities and that no form of pre-planning can remove all the danger to which I am exposing myself to. I acknowledge that Appleatchee is strongly recommending wearing a protective, ASTM certified riding helmet at all times when handling or riding while on Appleatchee grounds and or property. I also acknowledge that the helmet could prevent permanent brain damage or death in the event of an accident. **If I refuse to wear a helmet, and by going against Appleatchee's recommendations, I hereby acknowledge that Appleatchee will not be held liable or responsible for any accident or injury to person, property or horse.** (continued on the back)

I, the undersigned, am the duly authorized parent or guardian of the minor child, who is listed above. I have read and understand the above, and am aware of the risks and hazards inherent with horseback riding and related equestrian activities. I realize that wearing a protective, ASTM certified riding helmet may prevent permanent brain damage and/ or death in the event of an accident. I understand that the use of a protective, ASTM certified riding helmet is required by Appleatchee Riders Association, and The Travelers Insurance Company. I agree, I will not allow any minor child on behalf of whom I am signing for, to ride or handle a horse without a protective, ASTM certified helmet.

PLEASE SIGN ONE:

I will wear a helmet at all times while riding and related activities: _____

(Or)

I am declining Appleatchee's recommendation for protective helmet: _____

FAMILY MEMBERSHIP \$367.50
INDIVIDUAL MEMBERSHIP \$262.50

Please note, for annual payment the full amount is due January 1st. If paying semi-annually the first half is due January 1st with the balance amount due July 1st. A late fee of 20% of annual dues will be assessed if not paid in full by the first day of the month following the due date. Any member who fails to pay any dues within 30 days after the due date shall be suspended from the privileges of membership and any portion of the full annual dues amount remaining unpaid shall be then due. If any dues payment is not made within 60 days after the date due, the membership will be terminated and the member will have to apply for readmission as a new member and be approved and pay the then applicable initiation fees.

2018 Individual membership dues are:

- \$262.50 per year; or
 \$131.25 semi-annual (January 1st & June 1st)

2018 Family membership dues are:

- \$367.50 per year; or
 \$183.75 semi-annual (January 1st & June 1st)

I understand this is an annual agreement, and therefore by signing agree I am responsible to pay the full annual dues amount regardless of my payment schedule. I further understand and agree that in the event legal action is commenced to collect amounts I owe to Appleatchee Riders Association, I will be liable for any collection related expenses that may be incurred, including reasonable attorney fees and costs.

This agreement is binding on me, as well as my heirs, assigns, personal representative and successors. I have fully read and understand this release of all liability and annual payment agreement. I sign it as my voluntary act with full understanding of its effect.

Signed _____ Date _____

Signed _____ Date _____