

## 2020 Kel-Mac Membership Application

Return to: **Kel-Mac Saddle Club, P.O. Box 5474, Athens, GA 30604**  
Membership to be effective **January 1, 2020 to December 31, 2020**  
**www.kel-mac.com**

**(You must be a member to receive points at our shows and be eligible for year-end awards)**

Member's name \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone (if O.K. to call) \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail address for newsletter **(Please print clearly)** \_\_\_\_\_

(Check here)  I wish to receive the newsletter at my e-mail address. **Must list e-mail address.** 

(Check here)  If you do not have internet service and wish to receive newsletter by snail mail.

Type of Membership (check one) \_\_\_\_\_ \$20.00 individual \_\_\_\_\_ \$30.00 family

**\*\*\*\$5.00 discount if paid before the 1<sup>st</sup> of the year --- Ind: \$15.00 Family: \$25.00\*\*\***

Family members: Adult #1 \_\_\_\_\_

Adult #2 \_\_\_\_\_

Children's names: (first & last) **(this only covers children 21 years & under as of 1/1/2020 & living at home)**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Special interests: (check all that apply) Shows  Clinics  Trail riding  Meetings

**\*\*\*PLEASE READ THE FOLLOWING AND SIGN BELOW:\*\*\***

**UNDER GEORGIA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITY RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 12 OF TITLE 4 OF THE OFFICIAL CODE OF GEORGIA ANNOTATED.**

I hereby agree to abide by the Kel-Mac, rules and regulations now or hereafter in effect. I therefore, will not hold the Kel-Mac Saddle Club, its officers or any other members responsible for any injuries to me, family members or my horse sustained while at a Kel-Mac horse event (shows, trail rides, clinics, etc.)

**\*\*\*\*I grant permission and consent for Kel-Mac Saddle Club to use photographs and videos taken of me (and any minor children of whom I am Guardian) at any Kel-Mac event under any legal condition including, but not limited to, publications, news releases, advertising and web/online content.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Signature must be by family member over 21 years of age responsible for underage members)

### For office use only

Date paid: \_\_\_\_\_ Received By: \_\_\_\_\_ Check/cash \_\_\_\_\_ Check # \_\_\_\_\_