

# SUPERSTITION HORSEMEN'S ASSOCIATION, INC.

## MEMBERSHIP FORM OCTOBER 2009 – SEPTEMBER 2010

DATE:	_____
CASH OR	_____
CHECK #:	_____
<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL
<input type="checkbox"/> FAMILY	<input type="checkbox"/> SINGLE
<input type="checkbox"/> FULL YEAR	<input type="checkbox"/> ½ YEAR
<b>FOR SHA USE ONLY</b>	

I hereby make application/renewal to the Superstition Horsemen's Association, Inc., and in so doing agree to abide by SHA's Mission Statement:

**Superstition Horsemen's Association's Mission Statement**

The Superstition Horsemen's Association Inc. is a group of concerned citizens formed to ensure the rights and privileges of horsemen; to promote the humane treatment of horses; and to actively pursue favorable legislation concerning the above.

I further agree to abide by the bylaws of the Association (copies are available upon request). I strongly desire to maintain the western lifestyle in this community.

### INDEMNITY AGREEMENT

For and in consideration of my/our Membership and participation in all events sponsored by the Superstition Horsemen's Association, Inc., (SHA) of Apache Junction, Arizona, The undersigned hereby releases and forever discharges the SHA for any claim or demand for personal injuries or property damage occurring while participating in any event sponsored by the SHA, and the undersigned hereby further agrees to indemnify the SHA (including all officers and members, and all property owners upon whose property the various events take place), and save them harmless from any claims, demands or judgments which may be asserted or rendered against them by any person whatsoever for death, personal injury or property damage occurring during any event sponsored by the SHA, including the reasonable value of the services of attorneys retained by the SHA in defense of any claim of action arising there from.

**To be valid the application must be completely filled out and SIGNED. (Please include apartment and/or space number)**

Date of Application _____	New Applicant _____	Renewal _____
Name(s) (1) _____	(2) _____	
Print Name		Print Name
Signature(s) (1) _____	(2) _____	
PLEASE SIGN		PLEASE SIGN
Other Family Members: _____		
<b>PLEASE PRINT CLEARLY</b>		
<b>WINTER ADDRESS</b>		
DATES: _____ Street _____		
City _____	State _____	ZIP _____ Phone _____
<b>SUMMER ADDRESS</b>		
DATES: _____ Street _____		
City _____	State _____	ZIP _____ Phone _____
EMAIL ADDRESS _____	<b>I am interested in the emergency animal evacuation team.</b> (YES) _____ (No) _____	

TRAIL RIDE    ACTIVITIES    AREAS OF INTEREST (Circle)    PARADE    POLITICAL    HOW CAN I HELP? – CALL ME

### MEMBERSHIP FEES

<b>April 1 – September 30</b> \$10.00	<b>OCT. 1, 2009 – SEP. 30, 2010</b>	<b>April 1 – September 30</b> \$15.00
<b>\$20.00 Single membership</b> October-September	All fees must be paid in U.S. currency	<b>\$30.00 Family and associations</b> October-September

PLEASE MAIL TO SHA: P.O. BOX 2120 Apache Junction, Arizona 85117 **ATTN: MEMBERSHIP**