



Tri-County Pony Club Member Application

NAME: _____ DATE: _____

STREET: _____ CITY: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

The TCPC corresponds with members via email and through our website. If you would prefer to receive information by snail mail or phone call, please check here

You must live within 50 miles of Albany, Schenectady or Greene County to be a member.

"...members will provide all animals under their ownership, control, care or custody with adequate shelter, water, food and veterinary care. Adequate being interpreted as that which will provide said animals with a healthy, comfortable environment and existence. Additionally, members shall have high ideals, be in harmony with the purpose of the club and have an agreeable personality. Members who do not comply with these standards shall relinquish their membership...."

-By-laws

Please answer the following questions

1) Do you own ponies and/or horses? Yes___ No___ If so, how many _____

2) What do you use them for (showing, pleasure, trail riding, breeding):

3) Please indicate where you are willing and able to volunteer time to our various projects.

Horse Shows Host Meetings Work Days Fundraising Efforts Sponsorships

4) How did you find out about us?

Another member Website Attended a show Saw a flyer Other _____

5) Why would you like to be a member of the TCPC?

6) Our committees cannot function without you. Please circle below where you are willing to serve:

Show/Rules Ways and Means Membership Social
By-Laws Banquet/Awards Nominations Youth

7) Please circle what membership you are applying for:

Single (\$20) Junior (\$20) * Family (\$35)**

*Family Membership is defined as: mother/father or parent(s) and children(17 & Under) OR grandparent(s) and competing child(ren) (17 & Under). Children who have reached their 18th birthday by January 1st are considered adults and need to apply for a single membership.

**Leadline and walt trot/jog members 12 & under must apply for a family membership.

Name of Adult(s) – over 18: _____

Name and Age of Children: _____

Name and Age of Ponies you Intend to Show: _____

Please mail check and application to:

**Tri-County Pony Club
c/o Lynne Baldauf
429 Helderberg Trail
East Berne, NY 12059**

Your application will be considered at our next scheduled meeting.