



**ESCONDIDO MOUNTED POSSE
MEMBERSHIP APPLICATION
P. O. BOX 300307
ESCONDIDO, CA 92030
Desiree@SaddleUpMedia.com**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

BUSINESS PHONE: _____ EMAIL: _____

OCCUPATION: _____ CA DRIVER'S LICENSE #: _____

DATE OF BIRTH: _____

LIST ANY MEDICAL PROBLEMS OR ALLERGIES: _____

WHAT EXPERIENCE DO YOU HAVE WITH THE HORSE YOU INTEND TO USE? _____

WHAT TYPE OF HORSE DO YOU HAVE? MARE _____ GELDING _____
(STALLIONS NOT PERMITTED)

PREVIOUS MEMBER OF THE ESCONDIDO MOUNTED POSSE? YES _____ NO _____

WHAT TYPE OF TRANSPORTATION DO YOU HAVE FOR YOUR HORSE AND YOURSELF? _____

LIST ANY CLUBS/ORGANIZATIONS IN WHICH YOU HAVE PARTICIPATED, AS WELL AS ANY
RELATED REFERENCES: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

Shaded Area for Posse Use Only:

Notes:

Date Rec'd: _____

Date Accepted as Probationary Member: _____

Date Accepted as Permanent Member: _____