SWEEP RIDERS OF THE SIERRA APPLICATION FOR MEMBERSHIP

2019

Check all that Apply () New Member () Radio Member (Dual Band HAM) () Renewing Member () Support Member () Mounted Member					
	PLEASE PRIN	T THE FOLLOWIN	G INFORMATIO	N	
NAME:		HAM CALL SIGN:			
Last	Firs	st			
MAILING ADDRESS: Street			City		State Zip
PHONE NUMBERS: (H) () (W)	()		(c) ()
EMAIL ADDRESS:					
EMERGENCY CONTACT:	Name:(NC	OT RIDING PAI	RTNER)		Relationship:
Home()	Work()	C	ell <u>()</u>		
Shirt size, (Circle) S, M, I	_G, XLG				
	******TE	EAM INFORM <i>A</i>	TION******		
Equine #1					
Name	Breed	Age	Color	M/G	How Long Owned
Equine #2					
Name	Breed	Age	Color	M/G	How Long Owned
Briefly describe your riding	experience:				
What parts of the Western	States Trail have	you ridden?			
Have you ridden at Night? Are you willing to ride at Night?					
If you have a Qualified Equal Gold Country (Georgetown Tevis July 20-21	uine, do you plan t n) June 29 Ye Yes / No	to be available es / No	for: (Please o	circle Ye	es or No)
I understand that I may no that there are other opport					
PHOTO RELEASE: Voluninght, title and interest in a					
on behalf of SOS, during \	/olunteer's activitie	es with SOS.	la	gree	I disagree
SIGNED:			DATE	D:	