



TRIPLE B RIDING CLUB  
P.O. Box 1204, Lithia FL 33547

Membership Application 20\_\_

New       Renew

This form must accompany your cash or check and you must sign the Hold Harmless Release from on the back of this document to activate your Club membership activity. New members who join after April 1st will have their membership carry over to the following year. (All other memberships expire on June 30th of the application year). In order to avoid a late charge of \$5, you must pay your renewal membership dues by **JUNE 30th** of the following year per club by-laws. Should you have any questions about your membership, please contact an Officer.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Number of Horses owned: \_\_\_\_\_

Birthday Month/Day \_\_\_\_\_

Would you like to have your name, Phone and e-mail published on our Club's membership roster to share with fellow Triple B members? Yes \_\_\_\_\_ No \_\_\_\_\_

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Please select one of the following membership options and check the appropriate box.

- SINGLE MEMBERSHIP** with newsletter sent by e-mail \$20
- SINGLE MEMBERSHIP** with paper newsletter sent in the mail \$25
- FAMILY MEMBERSHIP\*** with newsletter sent by e-mail \$40
- FAMILY MEMBERSHIP\*** with paper newsletter sent in the mail \$45

\* Family membership covers 2 adults and children under 18 years of age on June 1st living in the same household as the adults.

Horse & Pony Subscription may be purchased for \$10.00 per year/ for members:

Membership \$ \_\_\_\_\_ + Horse & Pony \$ \_\_\_\_\_ = Total \$ \_\_\_\_\_ (Check No. \_\_\_\_\_)



**Triple B Riding Club  
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Lithia, FL 33547  
Hold Harmless Release Form**

Member  Guest

**WARNING**

**Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.**

**Title XLV Chapter 773, Florida Statutes**

Name: (Please print) \_\_\_\_\_ Signature: \_\_\_\_\_

Name: (Please print) \_\_\_\_\_ Signature: \_\_\_\_\_

List all children under 18:

\_\_\_\_\_

Signature of Parent or Guardian

Children under 18: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Members & Guest, please fill out the following additional information:**

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_