



Chaps 'N Breeches Membership Application



Membership Type: Individual (\$15.⁰⁰) _____ Family (\$25.⁰⁰) _____ Check # _____

Make Checks Payable to: Chaps 'N Breeches Riding Club Paid Cash:

Primary Applicant's Name: _____ Date: _____

Applicant's Affiliation (check the applicable box)

- Military Active Duty or Retired Red Cross Employee Federal Employees of MCBCP
- Military Dependent TAD Civilian Employees MWR Employees
- ROTC Members on Training Ready / Retired / Standby Reserve Members
- Honorary Member Civilian Member (according to by-laws)

Home or Mailing Address:

Phone Number:

Check if Unlisted! Please do not publish or distribute.

Email: _____

Check if you wish to receive Chaps 'N Breeches Correspondence via your Email. You may unsubscribe at any time by notifying the Club Secretary

Additional Family Members: (Immediate family members only)

If member applying does not meet stable usage criteria as outlined in MCB CP Base Order 1700.27, indicate your **military affiliation** and **Sponsor** here:

Affiliation: _____

Military Sponsor Name: _____ Service: _____ Status: _____

