

## East Tennessee Riding Club and Horse Show Association, Inc (ETRC)

### Membership Application

If interested in applying for membership in ETRC call 865-333-1960

ETRC is a Not for Profit Corporation duly incorporated under the laws of the State of Tennessee, and operating a self care facility for the purpose of equine activities, dedicated to increasing knowledge of horses and horsemanship. The Club holds several shows each year, including open horse shows, 4H shows and dressage tests. ETRC members participate in many community functions, such as parades, demonstrations, fairs, and other activities. ETRC is the home of the Anderson County 4H Horse Project Group.

I hereby apply for membership in the East Tennessee Riding Club. If accepted for membership, I agree to abide by the ETRC Constitution, by-laws and standing rules which may be amended from time to time by the Board of Directors. I understand that my membership is probationary for a period of 3 months. Upon final acceptance my continued membership is based on being a member in good standing by meeting the following requirements:

1. Pay all dues and fees when due.
2. Attend at least 3 board/general meetings per year (in addition to the Election meeting and the Christmas/December meeting).
3. Meet or go beyond the required number of work (show and regular) hours.
4. Be an ACTIVE participant in Club activities.
5. After 1 year of membership run for board directors' position or serve as a member of a committee and/or a chair of a committee.

Categories of Membership. Please check one of the following:

**Full Membership:** 1) Annual dues set by ETRC prorated by month, 2) User fees – set by ETRC board prorated by the week, 3) One vote per member, 4) Work hour obligation, 5) Involvement in Club activities required, 6) Entitles family to use club facilities including overnight accommodations for the horse(s) on a stall available basis and participate in club activities.

**Affiliate Membership:** 1) Annual dues set by ETRC prorated by the month, 2) No overnight accommodations for horse(s), 3) Not a voting membership, 4) No work hour obligation, 5) Entitles members to use facilities and participate in Club activities.

**4H Membership:** 1) Available to 4H club members only, 2) Annual dues set by ETRC and the 4H organization based on the school year, 3) No overnight accommodations for horse(s), 4) Not a voting membership, 5) No work hour obligation, 6) Entitles member to use facilities and participate in 4H and ETRC Club activities.

If I am moving a horse(s) to ETRC upon approval of my application, I understand I must let the ETRC board know, with this application, the name of the barn where my horse(s) has

been stalled, the contact for that barn and a daytime phone number for that contact. I know that a call will be placed to this contact and without verification of information by

ETRC membership that shows I would make a good and upstanding member, my application will not be approved.

\_\_\_\_\_ Name of barn

\_\_\_\_\_ Contact at barn

\_\_\_\_\_ Contact's daytime phone number

I agree that I will take proper care of my horse(s) stabled at ETRC, that I will supervise my minor children at all times on the property, and that I will hold ETRC, ETRC members and the ETRC board of directors harmless for use of the club facilities by my minor children, family members, and myself. I further hold ETRC, ETRC members and ETRC board of directors harmless for any loss of personal property including but not limited to animals, vehicles, tack, and equipment due to theft, vandalism, fire, or natural disaster.

I agree to hold harmless the ETRC, ETRC members and the ETRC board of directors for any injury to or death of my horse(s) or for any chronic disease or illness of the horse(s) while the horse(s) is on the premise of ETRC.

Family members who will use the ETRC facilities:

Name \_\_\_\_\_ Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

The dues are attached

**Warning – UNDER TENNESSEE LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES, PURSUANT TO TENNESSEE CODE ANNOTATED, TITLE 44, CHAPTER 20.**

\_\_\_\_\_ signed \_\_\_\_\_ date

\_\_\_\_\_ street \_\_\_\_\_ city, state, zip

\_\_\_\_\_ home phone \_\_\_\_\_ work phone

\_\_\_\_\_ email address \_\_\_\_\_ alternate phone

