



Membership Application

ALL Owners and Riders MUST be Members
20__ CLUB YEAR, Jan 1 through Dec 31

Please fill out this form completely and mail with your check to:

CCC Inc., P.O. Box 57, Clements, CA 95227

New Renewal Address Change

Name: _____ Spouse: _____

Children & age(s): _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: () _____ Email: _____

Individual and Family Membership Fee: **\$50.00**. Membership includes spouse and children under the age of 18. There will be NO pro-rated dues. Membership is required to participate in club activities.

In consideration of the acceptance of this membership application, I (We) hereby agree to join at my (our) own risk and am/are subject to the rules and regulations of the Clements Cutting Club, Inc. I (We) release and hold harmless Clements Cutting Club, Inc., it's officers, members, guests or persons any way connected with Clements Cutting Club, Inc. events from any claim or loss, damage or injury to myself (ourselves), employees, horses, equipment or vehicles resulting from my (our) participation in club events.

Voluntary Awards Donation: _____ Total Amount Due: _____

Signed: _____ Date: _____

For more information, please contact the CCC Secretary at (916) 849-2078