

# Milton Freewater Pioneer Posse

## 2026 Membership Form

Memberships: January 1st to December 31st each year.

### MEMBERSHIP INFORMATION

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### SPOUSE/SIGNIFICANT OTHER/GUARDIAN INFORMATION

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

DOB: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### CHILDREN (Immediate Family)

All children on a family membership must be under 18 or enrolled in school and living at the primary applicants address. (Exception is for children in college living on campus)

Child 1 (First & Last Name) \_\_\_\_\_ DOB: \_\_\_\_\_

Child 2 (First & Last Name) \_\_\_\_\_ DOB: \_\_\_\_\_

Child 3 (First & Last Name) \_\_\_\_\_ DOB: \_\_\_\_\_

Child 4 (First & Last Name) \_\_\_\_\_ DOB: \_\_\_\_\_

Child 5 (First & Last Name) \_\_\_\_\_ DOB: \_\_\_\_\_

The undersigned by applying for membership in the Pioneer Posse agrees for himself/herself, dependents heirs, administrators, assigns and for persons coming on to the premises or participating in Posse events with the undersigned's express or implied permission, invitation or knowledge to assume all risk and hazards and agree to fully INDEMNIFY, AND HOLD HARMLESS, Pioneer Posse, its Board of Directors, members, employees, agents, or volunteers from any and all claims, liability injuries, death, property damage or loss or other remedies or damages arising out of or resulting from the inherent risks of participating in or observing horse related activities, and from all claims resulting from the negligence, direct or otherwise of the Pioneer Posse. If you do not agree, DO NOT become a member, DO NOT ride a horse or participate at the Pioneer Posse grounds or any of its other horse related activities such as parades, rodeos, gaming events and horse shows. **I have carefully read this waiver of liability and release. I understand it and voluntarily agree to all of its terms.**

### PAYMENT INFORMATION -MEMBERSHIPS ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

MEMBERSHIP TYPE \_\_\_\_\_ Single Membership \$50 \_\_\_\_\_ Family Membership \$70

\_\_\_\_\_ Associate Membership (non-riding, camping, and non voting) \$35

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Are you or a family member willing to help on a committee, arena crew, etc.?? \_\_\_\_\_Y \_\_\_\_\_N

**TO BE ELIGIBLE FOR SUMMER SERIES AND MINI SERIES AWARDS, EACH MEMBERSHIP MUST GIVE VOLUNTEER TIME EACH NIGHT BEFORE AWARDS NIGHT. CONTACT A BOARD MEMBER TO SIGN UP. RETURN COMPLETED FORM AND PAYMENT TO: POST OFFICE BOX 478 MILTON-FREEWATER, OR 97862, bring to annual meeting, or to Posse office during an event.**