**South Dakota
Pony of The America’s Membership Form**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| **All Family Members Names** | **Date of Birth**  |
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**$35.00 per year Dues per family and $25.00 individual membership**

*Complete this form, include your dues and mail to treasurer:*

 *Bob Carr*

 *24119 459th Ave*

 *Chester, SD 57016*

 **SD POAC WAIVER**

I agree that such entries are made at my own risk and subject to the rules of the South Dakota Pony of Americas Club, Inc. (SD POAC), and I agree, for myself and my representatives to be bound thereby. I further agree to assume and accept full risk of injury or damage to property or myself, my family, or property as against the grounds owner, the SD POAC, or any of the officers, directors, or members of said association. I further agree that the SD POAC show manager has the right to interpret all questions or conduct in regard to dispute regarding interpretations of the proper color or height to show.

 **X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Required Signature of Owner/Authorized Agent/Parental Consent Date***