



Membership Application

Date _____ YEAR _____

NAME: _____ D.O.B. _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: (or other): _____

EMAIL ADDRESS: _____ (Email will be the Primary Contact Method)

TYPE OF MEMBERSHIP: FAMILY(\$30) INDIVIDUAL(\$20) YOUNG ADULT(\$15)

- Membership is on an annual basis, with membership year running January 1 through December 31.
- Family membership includes children claimed on income taxes.
- Young Adult category is for those age 23 & under.

If joining as a family, please list family members:

First Name	Last Name	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of horses owned _____

Breed(s) of horses owned _____

Please give us a brief description of your background with horses, including clinics, shows, etc.

SHOW events I participated in the previous year:

Membership Appreciation Clinic Clinic (specify) _____ Fall Ranch Show

Are you aware of the Luminere Scholarship Program? Yes No

Did you receive a Luminere Scholarship last year? Yes No