

SAMSAR  
APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_

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

Area of residence: \_\_\_\_\_

Phone# Cell - \_\_\_\_\_ Home: \_\_\_\_\_ Wk: \_\_\_\_\_

Email: \_\_\_\_\_

How did you find us: \_\_\_\_\_

Health Issues:  
\_\_\_\_\_  
\_\_\_\_\_  
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Trailer: \_\_\_\_\_ Horse Trailer: \_\_\_\_\_

Vehicle: \_\_\_\_\_

Employed: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Availability during the year: \_\_\_\_\_

What Equine do you own:  
\_\_\_\_\_  
\_\_\_\_\_

Ages: \_\_\_\_\_

Breed: \_\_\_\_\_

Horse related issues: (kick/stands still/ties,  
etc) \_\_\_\_\_

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Horse/Mule  
Experience:

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Current use of  
Equine:

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How often do you ride:

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What kind of riding do you  
do:

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Signature

Date

Mentor \_\_\_\_\_