

NATIONAL PONY EXPRESS ASSOCIATION

Missouri Chapter

Membership Application

Please fill out the entire application. Print legibly. This insures information sharing.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Main Phone: _____ Alternate Phone: _____

Email: _____

Are you 18 years or older? Yes No

Membership Fee: \$10

Approved: _____

Accepted applicants will be administered the Pony Express Oath prior to their ride and will abide by the National Pony Express Association, Inc. and individual State by-laws and rules relevant to the equipment and dress code.

The undersigned agrees to indemnify and hold harmless the National Pony Express Association, its State Divisions, and their officers and members from and against all claims, damages, losses and expenses arising out of any action, omission, or event which causes bodily injury, illness, or death, or for property damages caused in whole or in part by the applicant's participation in events and functions sanctioned in whole or in part by the Association or its Divisions. Your membership dues are tax deductible by the Internal Revenue Code 501©3. Any applicant between the ages of 14 and 17 shall provide written permission from a parent or guardian to participate in any event sanctioned by the Association or its divisions.

Signature: _____ Date: _____

Guardian or Parent: _____ Date: _____

