



**National Pony Express – Nevada Division
P.O. Box 22333
Carson City, NV 89721
Membership Application for 2024**



**Please print legibly. Fill in all spaces to the best of your knowledge.
APPLICATION DEADLINE March 1, 2024***

NAME _____ DATE OF BIRTH ____ / ____ / ____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (____) _____ CELL PHONE (____) _____

E-mail ADDRESS _____

Will you participate in the Annual Re-Ride? Y N Special Events? (Parades, School Presentations, etc.) Y N

Year joined the NPEA: _____ First year as a Rider: _____

**Circle the year pin earning this year: 5 – 10 – 15 – 20 – 25 – 30
Circle the year patch earning this year: 5 -- 10 – 15 – 20 – 25 – 30**

Indicate ride captain/section preference _____
(Please keep in mind, you MAY be requested to ride in another section that needs riders.)

- _____ FULL MEMBERSHIP \$40.00* (After 3/1-fee is \$50)
- _____ ASSOCIATE MEMBERSHIP (Non-Rider) \$20.00* (After 3/1-fee is \$30)
- _____ NEVADA DIVISION LIFE MEMBER \$20.00* (Dues will be forwarded to National) (After 3/1-fee is \$30)
- _____ ACTIVE DUTY MILITARY MEMBERSHIP \$0.00 (Must provide proof.)
- _____ RIDE CAPTAINS \$0.00 (Ride Captains Request Form MUST be attached to your application at submittal)

Please make all checks payable to: **NPEA NEVADA DIVISION**
(Mail application, a new waiver each year, Ride Captain Request Form, Copy of Military ID if claiming Military Status, and check or money order to the address above. Thank you.)

By signing below, you acknowledge that accepted applicants will be administered the Pony Express Oath prior to their ride and must promise to abide by the National Pony Express Association and Nevada Division by-laws and rules relevant to equipment and dress code. For safety purposes, riders, support crew, horses and equipment may be inspected by any Board Member and/or Ride Captain and be disqualified if found unsafe or unsound. The applicant agrees to indemnify and hold harmless the Association and Division and its membership 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 which or in part by the applicant's participation in events and functions sanctioned in whole or in part by the Board of Directors as sufficient qualification for any event sanctioned by the Association or Division. Participation in such events is solely within the discretion of the Board of Directors.

Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____

(Any applicant 14 through 17 years old must have a Parent/Guardian co-sign their membership application.)

*** A \$10.00 added Reinstatement Fee will apply after the March 1, 2024 deadline.**

ADMIN: CASH CHECK # _____ WAIVER _____ EMAIL _____
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