



**National Pony Express – Nevada Division  
P.O. Box 22333  
Carson City, NV 89721  
Membership Application for 2019**



**Please print legibly. Fill in all spaces to the best of your knowledge.  
APPLICATION DEADLINE March 1, 2019\***

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: 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 \$30.00\***
- \_\_\_\_\_ **ASSOCIATE MEMBERSHIP (Non-Rider) \$20.00\***
- \_\_\_\_\_ **NEVADA DIVISION LIFE MEMBER \$15.00\* (Dues will be forwarded to National)**
- \_\_\_\_\_ **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, waiver (if not filed during the 2016 membership year), Ride Captain Request Form, Copy of Military ID if claiming Military Status, and check or money order to the address above. Thank you.)

**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, horses and equipment may be inspected by any Board Member and/or Ride Captain and be disqualified if found unsafe or unsound.**

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, 2019 deadline.**

<b>ADMIN: CASH CHECK # _____ WAIVER _____ EMAIL _____</b>
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