

If you are interested in becoming a member please fill out and return this form after reviewing the By-laws available at fourinhandclub.com

STATEMENT OF INTEREST IN MEMBERSHIP
FOUR-IN-HAND CLUB
P.O. Box 587, Unionville. PA 19375
joruvilla@aol.com

NAME: _____

MAILING ADDRESS: _____

EMAIL: _____

TYPE OF MEMBERSHIP IN WHICH INTERESTED:

MEMBER _____ ASSOCIATE MEMBER _____

(MEMBERS OWN A FOUR-IN-HAND;
SEE CLUB BYLAWS AT fourinhandclub.com)

ADDITIONAL INFORMATION:

TYPE AND BREED OF HORSES _____
(PONIES, HORSES, BREED)

YEARS DRIVING _____

YEARS DRIVING FOUR-IN-HAND _____

TYPE OF CARRIAGE TYPICALLY DRIVEN _____

EVENTS AT WHICH FOUR-IN-HAND DRIVEN _____

HOW DID YOU BECAME AWARE OF CLUB _____

OTHER FOUR-IN-HAND CLUB DRIVERS YOU KNOW _____

OTHER INFORMATION YOU WISH TO SUBMIT _____