

Yucaipa Equestrian Arena Committee APPLICATION FOR MEMBERSHIP

Name:				
Address:		City:	Zip:	
Home Phone: ()	Cell: ()	
Email:				
Occupation:				
Hobbies:				
Reason for joining Yuca	nipa Equestrian Aren	a Committee?		
Other volunteer groups	you belong to:			
With your signature beloregulation of the Yucaip				
Signature:		Date:		
Please comple	ete this form and tu	rn in to any YEAC Cor	nmittee member.	
of the Yucaipa Equestri	an Arena Committee AC committee meet AC sponsored event. vote on your applica	e. As part of the applicatings (preferably consections once those steps have tion. A simple majority	utive, but within 6 months) be been completed, the	
Office Use Only:	Date application	ate application received:		
3 Meetings attended: _	1st Meeting date	2 nd Meeting date	3 rd Meeting date	
		Date:		
Membership Vote: Acc	cept [Decline D	vate:	