

Kitsap Mounted Posse

Application for Membership

Name _____ Date _____

Please print name in full

Phone (____) _____ Cellular (____) _____

Email address _____

Mailing Address _____

City _____ State _____ Zip _____

Date of birth _____ Birthplace _____

Do you have a horse? Yes ___ No ___

Do you have transportation? Yes ___ No ___ Horse trailer? Yes ___ No ___

Type and Name of horse _____

Participation interest (Please circle those areas of interest to you)

Security / Patrol

Search and Rescue

Cutting / Herding

Gaming

Race

Drills

Roping

Penning

Cowboy Mounted Shooting

Trail Riding

Parades

Have you ever been?

Convicted of a misdemeanor crime in the past ten years? _____

Convicted of a felony? _____ If yes where _____

Convicted of a crime involving illegal drugs? _____

Convicted of domestic violence? _____

Required to register as a sex offender? _____

Applicant's signature _____

Sponsored by _____

Date Submitted _____ Date accepted / rejected _____