**American Sidesaddle Association Sidesaddle Clinic Policy**

**Policy:** In order to use the American Sidesaddle Association (ASA) name and/or insurance for a sidesaddle clinic, the following policy will be followed to protect the ASA and to prevent confusion. ASA-certified Judge/Instructor/Clinicians (JIC’s) must abide by the following policy in order to advertise themselves as affiliated with ASA. The ASA will allow its name and resources to be used only for clinics being taught by ASA-certified JICs. For the purpose of handling money associated with clinics, the 501c3 status of the ASA national club must be protected.

**Definitions:** A **sidesaddle clinic** is an educational event defined as a combination of some of the following: lecture, course-work, saddle-fitting, and basic equine riding. **Judge/Instructor/clinicians (JICs)** are certified sidesaddle instructors who are members in good standing of the ASA. Each JIC has completed a study course, a written exam, and a practical demonstration to another JIC of tenure. The JICs pay a $10 per year renewal fee and are re-certified periodically. **Clinic Organizer (CO)** is the person or persons designated by a club or entity, who are hosting the clinic. The JIC can also be the CO.

**Rationale:** The ASA promotes professionalism, legality, and safety for all members, clinic participants, and by-standers.

**Procedures:**

**Pre-Clinic paperwork:** All clinics, prior to being marketed as ASA-sponsored, must have the required paperwork submitted 60 days in advance. Paperwork includes, but is not limited to: clinic application and clinic organizer agreement. These documents accompany the $100 insurance fee. See attachments.

**On-Site paperwork:** Each clinic **participant/rider** must fill out a standard waiver/release of liability. Additional waivers may apply if the CO determines that the State requires a separate format or if the venue owner requires a separate waiver. Each clinic participant/rider must also fill out the affiliate club choice membership form and the attendance sheet. See attached. If the participant is already an ASA member, only the sign-in sheet is needed and clinic fees may be less. The clinic participant/rider must pay the clinic fees, as set by the CO. Of those fees, $10 goes toward the ASA membership or more if the participant/rider purchases a membership with sidesaddle instruction books.

**Auditors**, who only observe from a distance and do not interact physically with horses, must fill out the waiver and attendance sheet. They do not have to join ASA, but they do have to pay the fee for auditing, as set by the CO. They can purchase books that may be for sale at the clinic.

**Membership:** Each participant/rider at the clinic must be an ASA member. The CO or the JIC must submit the membership and other sign-in forms, along with the dues and book sale money, to the ASA Membership Chairman. See attachments for the address. Participants’ full addresses, including e-mail and telephone numbers are required to ensure access to membership benefits, such as Facebook groups, membership mailings and awards. Waivers must be fully completed and signed. See attached. Additional State waivers may apply in some cases, at the discretion of the CO. Regional club dues for new members are solicited on or after the clinic by the individual clubs at their convenience. The ASA Membership Chairperson alerts the club leaders regarding new members.

**Expenses:** It is the CO responsibility to ensure that there are enough participants to pay the expenses of the clinic, including insurance, JIC salary (if requested before the clinic is held) JIC expenses, and facility fees. The JIC and the CO can cancel the clinic up to 24 hours of the scheduled date (or before the JIC has begun travel to the clinic) if participant cancellation, adverse weather, or adverse local event does not permit adequate clinic funding.

**Insurance:** The CO must submit $100 along with the clinic application at least 60 days in advance of the clinic. This is to ensure that the insurance can be obtained. This is non-refundable. Insurance for the clinic cannot be obtained until the money is received. Exceptions to the 60-day deadline are made on an individual basis and are at the discretion of ASA Officers.

**Venue costs:** If a venue owner requests a monetary payment for the use of riding or meeting facilities, this cost is a responsibility of the CO and/or host club. ASA is not responsible for such costs, which need to be figured into the clinic fees for participants.

**Safety:**  Prior to the clinic, the teaching JIC must collaborate with the CO to affirm that the venue or clinic location meets basic safety requirements for the use of equines and students. The JIC and/or CO must check for the following: Corrals are well-fenced and sturdy. Arenas are protected from debris, obstructions, and unnecessary entry by the public. The JIC and the CO must see that the facility is safe for trailers and check to see if trailer camping on the premises is allowed, if applicable. Stabling of the JICs horses, if brought is another consideration.

The CO must assist the JIC with parking, unloading tack and supplies, set-up of a registration and display table (provided by the CO), and pack-up and loading at departure.

All riders must wear a buckled helmet that meets or exceeds minimum ASTM/SEI standards. Boots are strongly encouraged. Open-toed shoes are forbidden in the clinic arena.

Cruelty or abuse of equines will not be tolerated by the JIC or by ASA. Lame or back-sore animals cannot be used in ASA clinics. Proof of Coggins testing may be required by the CO or the venue owner, and will be solicited by the CO in the advertising flyer. If an animal is known to try to bite or kick, this must be made known to the JIC. Ill-mannered equines can be excluded at the discretion of the JIC. Should the participant equine owner wish to leave the clinic after an equine is excluded, there can be no refund.

**JIC clinic practices**: JICs use teaching practices that are consistent with their ASA core curriculum for JICs, generally accepted safety and practice guidelines, and the ASA tack guidelines. Saddle-fit is always part of the instruction. When a JIC is not familiar with a breed or discipline of riding, the JIC will make that fact known and teach general principles, since in every case, sidesaddle riders are on equal footing with astride riders across all disciplines. If a particular equine cannot be reasonably fit with a trial sidesaddle or the owner’s saddle, the JIC will tell the owner that this problem cannot be overcome with the tack on hand. Additionally, allowing a rider to move at pace or jump with an ill-fitting saddle is not allowed.

JICs present themselves in an ethical, honest, and sportsmanlike manner. They do not use disparaging negative behavior toward others, either at the clinic or as gossip. They are sober and of reasonably good health.

JICs may use the lessons approach to a clinic, at their discretion. That is, if for example, the JIC has 3 or more lesson students expected on an advanced date, the JIC can convert the activity to a clinic and submit money to ASA for insurance, along with the clinic application. The 60 day advance notification applies, unless the ASA Officers waive the requirement. Officers will inquire about adequate tack and supplies and will ensure that waivers and ASA membership are obtained for students.

**Clinic pace and schedule:** The CO and the JIC must agree on the scheduled events at the clinic so as effectively use the time. There must be a scheduled lunch break, paid for in advance or at the time of lunch ordering, as directed in the clinic advertising. Time management must include enough time to allow participants to learn not only the basics, but also jumping, if they so desire and it is pre-arranged.

**Tack and Equipment:** The CO and the JIC must work together to ensure an adequate supply of girths, cinches, balance-straps, non-slip saddle pads, towels for shimming, etc. The JIC and the CO will attempt to provide some trial or display saddles, if possible; otherwise, attendees are always expected to bring their own saddles.

**JIC Overnight Accommodations and Expenses:** The JIC should be fully reimbursedfor mileage(mapquest) to and from the clinic. The CO should assist the JIC with safe overnight accommodations by giving local options and costs for hotels, bed and breakfasts, camp grounds, barn area camping, etc., as requested by the JIC. If the CO can provide safe free overnight accommodations, the JIC will consider this. If the JIC is bringing a horse, the CO should assist with stabling and costs should be reimbursed.

**JIC Payment:** Salary and expense reimbursement for JICs must be estimated for the CO. The attached Prospective Cost Worksheet is a helpful tool for the JIC.

**Post- Clinic:** After the event, the JIC and/or the CO must submit membership forms, waivers, clinic fees, and membership fees to ASA. This is the responsibility of both the JIC and CO. The JIC and CO should consider submitting feedback about the clinic, such as location, advertising, etc., to an ASA Officer.

**Deposits:** The $100 insurance must be paid 60 days in advance of the clinic, unless otherwise approved by ASA Officers.

**Cancellations:** Failure to pay the insurance fee. Will most likely result in cancellation of the clinic, since ASA must insist on insurance for sanctioned clinics.

**Tack, Equine Rental/Lease:** Any tack or equines used by clinic attendees, owned by other members (JIC’s, CO’s, etc.), must be rented/leased directly with the owner. ASA will not be responsible for any payment or liability of usage of other people’s tack or animals.

**Attachments:**

Clinic Application

Clinic Cost Worksheet

Clinic Organizer Agreement

Waiver, General

Sign in Sheet

ASA Application for Membership

**Clinic Application, American Sidesaddle Association (ASA)**

(To be completed by Clinic Organizer)

**Date and time of the clinic:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinic Location (Physical Address):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinic Organizer** (the person assuming responsibility for the clinic scheduling and completion):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASA Regional Club or Another sponsoring host** (if applicable):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Venue:**

Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If venue requires additional insurance, provide the legal insurable name for that additional coverage:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of ASA Judge/Instructor/Clinician (JIC): 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_

(Please add these on Cost Worksheet) 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send this application, clinic organizer agreement, and the $100 insurance fee to:

**American Sidesaddle Association**

c/o Monica Chapman, 19777 State Route 772, Waverly, Ohio, 45690

or PayPal: [Amsidesaddletreasurer@gmail.com](mailto:Amsidesaddletreasurer@gmail.com)

**Clinic Organizer Agreement**

As Clinic Organizer (CO), I accept the following responsibilities for the successful planning and completion of the ASA Sidesaddle Clinic:

1. I will ensure that someone will be present at the registration table to help participants and auditors sign the necessary waivers and sign-in sheets.
2. I will ensure that a responsible person collects the clinic fees and I will see that the fees with detailed information are sent to ASA via cash, check, or PayPal to the ASA Treasurer.
3. I have reviewed the ASA clinic policy and I will endeavor to ensure that the principles set forth are enacted.
4. I assume responsibility for lunch, which includes but is not limited to, ensuring that the participants know how lunch will be delivered, provided, and expensed. This is best advertised in the clinic flier. I will ensure that the lunch plans are carried out.
5. I will ensure that there is safety and crew staff to intervene with uncooperative equines, riders in distress, and general safety.
6. I will ensure that the venue is cleaned-up after the clinic.
7. I will ensure that the JIC receives help with unpacking, set-up, and repacking.
8. I will ensure that the JIC is assisted with directions and lodging.
9. I will work with the ASA Officers and Board members as needed to ensure success.

Please initial each line in agreement, sign and date below.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Send this with the application

**Clinic Cost Worksheet**

(a helpful tool)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| JIC Name: | Daily Salary $75 | Mileage  (Round Trip) | Mileage Cost  (Miles\* x $ 0.535) | ***Total*** |
| ***Example*** | *$75* | *100* | *$53.50* | *$128.50* |
|  |  |  |  |  |
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**Total JIC Salary and Mileage:** $ \_\_\_\_\_\_\_\_\_\_\_

**Expected Lodging**\*\* $ \_\_\_

**Insurance** (ASA Standard Rate- $75) \*\*\* $ \_\_\_\_\_\_\_\_\_\_\_

**Total Break-even Cost\*\*\* $ \_\_\_\_\_\_\_\_\_\_\_**

\* Mileage is determined by MapQuest. Avoid unnecessary detours or excess mileage.

\*\*Clinic Organizer is responsible for obtaining reasonably priced lodging. If free lodging is not provided by the CO, the CO can determine reasonable, safe, clean, lodging and give the JIC a local listing of hotels. If the JIC chooses not to use the lodging options arranged by the CO, and the lodging is more expensive, the CO may not pay the higher rate. **In all cases, the safety of the JIC is of highest priority.**

**Sign-in sheet for ASA clinics**

Please fill out the following:  
Print Clearly, illegible information for participants will not receive credit for participation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Auditor | Participant | address | email |
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WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in sidesaddle activities, and as consideration for the right to participate in the *activity*, I hereby, for myself, my heirs, executors, administrators, assigns, and personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims, or causes of action of any kind whatsoever arising out of my participation in the activity, and do hereby release and forever discharge the American Sidesaddle Association, located at 7033 Potts Hill Road, Bainbridge, Ohio, 45612, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors, and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned *activity,* including travel to and from an event related to the *activity.* Initial\_\_\_\_\_\_

I am voluntarily participating in the activity and I am participating entirely at my own risk. I acknowledge that there are risks that can be caused by terrain, facilities, temperature, weather, dehydration, vehicular traffic, and the actions of others, such as participants, volunteers, spectators, coaches, event officials, event monitors, and producers. I am aware that in addition to the usual risks of travel and participation with a group, there are additional risks associated with close association to horses and other equines. The equines can become dangerous, and the equipment used on equines for the purposes of riding, driving, or otherwise handling them, can be of danger also. Initial\_\_\_\_\_\_

I agree to indemnify and hold harmless the American Sidesaddle Association against all claims, suits, or actions of any kind whatsoever for liability, damages, compensation, or otherwise that could be brought about by me or my attorney or anyone else acting on my behalf. If the American Sidesaddle Association incurs expenses related to defense against such claims, I agree to reimburse the American Sidesaddle Association.

Initial\_\_\_\_\_\_\_\_

I acknowledge that I have read carefully this waiver and release and I fully understand that it is a release of liability, and I agree to voluntarily give up or waive all claims for legal action.

Initial\_\_\_\_\_\_\_\_

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of the American Sidesaddle Association, its agents, members, and employees. Initial\_\_\_\_\_\_\_\_

In the event that I should require medical care, I agree to be responsible for and costs incurred, and I attest that I am covered by an active health insurance policy. Initial\_\_\_\_\_\_\_\_

In the event of damage to equipment or facilities as a result of my or my family’s actions, neglect, or recklessness, I acknowledge and agree to be held liable for any costs associated with the damage. Initial\_\_\_\_\_\_\_\_

This agreement was entered into at arm’s length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both I and the American Sidesaddle Association agree that this waiver is clear and unambiguous. Initial\_\_\_\_\_\_\_

In the event that any provision contained within this release is severable or invalid, due to being unlawful or otherwise unenforceable, the remainder of the agreement will be in full force and effect, so long as the severed clause does not affect the intent of the entire document, according to a court of law. Initial\_\_\_\_\_\_\_

In the event of an emergency, please contact the following person(s) in the order presented:

|  |  |  |
| --- | --- | --- |
| Emergency Contact Name | Contact Relationship | Contact Telephone |
|  |  |  |
|  |  |  |
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(Please add additional Emergency Contacts, if needed on reverse side)

I the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content, and that this release cannot be modified orally. I am aware that this is a release of liability and a contract, and I am signing it of my own free will.

Participant Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Guardian Waiver for Minors**

I hereby certify that I am the parent or legal guardian of (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I hereby give my consent without reservation for this minor child to engage in the equine activity.

Name(print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**American Sidesaddle Association (ASA) Membership Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age (for 18 and younger): \_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Select a membership level:**

Bronze $10 (basic membership, $10 for yearly ASA)

Silver $20 (includes the book, “The Fair Lady Aside” by Mary Thomas)

Gold $30 (includes “The Sidesaddle Legacy” by Marti Friddle and Linda Bowlby)

Platinum $40 (includes both books)

Family Membership (Basic Membership, add additional $5 per family member)

1. Name: Age:
2. Name: Age:

**Select a regional club (regional clubs may have their own small yearly dues):**

* California Aside (CA\_Aside)
* Frontier Belles of Colorado (FBC)
* Georgia Ladies Aside (GALA)
* Hoosier Ladies Aside (HLA)
* Idaho Sidesaddle Association (ISA)
* Kentucky Sidesaddle (KYSS)
* Lone Star Side Saddle (LSSS)
* Mid-Atlantic Ladies Aside (MALA)
* Mid-South Sidesaddle Assoc. (MISS)
* North East Women’s Sidesaddle (NEWS)
* Northeast Ohio Ladies Aside (NEOLA)
* Northern Illinois Sidesaddle (NILS)
* Northwest Aside Group (NAGS)
* Oregon Ladies Aside (OLA)
* Side Saddle Sisters of Oklahoma (SSSO)
* Southeast Aside (SEA)
* Southern Ohio Ladies Aside (SOLA)
* Tennessee Sidesaddle
* Wisconsin Sidesaddle (WISS)

Mail this form to the ASA Membership along with the fees to:

Vicki Pritchard, 355 Sunset Dr

Chillicothe, Ohio, 45601