

NORCO MOUNTED POSSE
P.O. BOX 241
NORCO, CA 92860
(951) 371-1204; FAX (951) 737-3758

Application For Membership

Equine Membership

Non-Equine Membership

Associate Membership
(18-21 years of age)

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Date of Birth: _____

Referred by/How did you learn about our organization? _____

Drivers License # _____ S.S.# (optional) _____

Place of Birth: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Have you ever been convicted of a crime? _____ If so, please explain _____

Do you have a valid First Aid card? _____ CPR card? _____ Guard Card? _____

If yes, please provide your card number/s and expiration date _____

Occupation: _____

Name of Employer: _____

Address of Employer: _____

Phone number of Employer: _____

Spouse's Name: _____

In Case of Emergency Notify: _____

Relationship: _____ Phone: _____

Address: _____

List (3) references (not related)

| Name | Address | Phone |
|----------|---------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

List any previous places of residence for the past 10 years:

| Address | City | State | Zip |
|----------|-------|-------|-------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

I, _____, agree to allow the Norco Mounted Posse to conduct an initial investigation into my worthiness of becoming a member of said organization. I agree to indemnify and hold harmless the NMP and its members of any injury I may incur as a result of my participation in the organization or its activities. I further indemnify and hold harmless the City of Norco, any individual employed by the City of Norco or the Norco Mounted Posse and its members, of any and all losses, expenses, liabilities or damages incurred from my participation in the organization and accept sole responsibility for any costs incurred from my participation.

Applicant signature: _____ Date: _____

Return this form to the investigating chairman with a \$15.00 investigation fee.

Do not write below this line

Application Received: _____ Membership Packet Given to Applicant _____

Investigation Completed: _____ Application Approved on: _____

Presented to Membership: _____ Notes: _____

Membership Chair.

Date

Captain

Date

To be completed by applicant in at least one paragraph or more

1. Why do you want to join the Norco Mounted Posse?

2. What do you think you can contribute to the Norco Mounted Posse?

Signed: _____ **Dated** _____