

BIJOU SPRINGS HUNT, INC.

Application for Membership

Applicant(s) must be sponsored by two current members whose signatures should appear on this form. The completed application should be forwarded to the sponsors for their signature.

Check here if you are new to the area and/or need sponsors		
Name:		
Address:		
City, State, Zip:		
Phone (H):(C):		
E-mail:	E-mail:	
Level of Membership:		
Additional Family Members (for Family Membership)		
Name and Age:	Name and Age:	
Name and Age:	Name and Age:	
Name and Age:	Name and Age:	

What is your reason for seeking membership with the Bijou Springs Hunt?		
Have you ever been a member of a register or recognized f and years of membership.	Foxhunt? If so, please list the name, location	
Have you ever been awarded colors or buttons from another	er foxhunt?	
Have you ever held a position as an officer of another foxh	nunt?	
Have you ever been denied membership in a foxhunt?		
I understand that the fee for the membership category desir already submitted, regardless of the time of year the applic membership will be probationary for a period of one year of Board will consider this application for permanent members I will do my utmost to promote and uphold the traditions of possible.	cation is made. I also understand that this or as determined by the Board, after which the rship. As a member of the Bijou Springs Hunt,	
Signature	Date	
Application must be accompanied by a release form unless already on file, please indicate date it was signed.	s previous signed for that hunt season. If	
As a member of the Bijou Springs Hunt, I am willing to sp Hunt and accept the responsibility of helping this applicant traditions of foxhunting.		
Application must be signed by two members in good stand	ling of the Bijou Springs Hunt.	
Member Signature	Date	
Member Signature	Date	

Send application to: Tom Kraus, Membership Chairman

31 Algonquain St. Aurora, CO 80018

(303) 363-9067 tomem3@gmail.com

Bijou Springs Hunt Master: Rohn Mitchell, MFH, (303) 841-3533