

**PINAL COUNTY MOUNTED POSSE
Membership Application**

Name _____
Address _____ City _____ State _____ Zip _____
Contact Phone _____ Email _____
Occupation _____
Employer Name/Address _____

List two local references:

Name _____ Name _____

Briefly describe why you are interested in becoming a Pinal County Mounted Posse member: _____

Are there any special talents or skills you have that you feel would benefit our organization?

I agree to purchase a Posse uniform red shirt and patch at my own expense. I understand that annual membership dues are \$20 and the Membership Application must be accompanied by the first year's dues and must be passed by a membership vote.

Signature _____ Date _____

MISSION STATEMENT

The Mission of the Pinal County Mounted Posse is
To uphold the Constitution and the Laws of the United States;
To perpetuate the equestrian customs, traditions and pageantry of our Early Days;
To promote the Cowboy Ethos of the Great Southwest;
To participate in the observance of civic functions;
To develop fellowship among the members of our Posse;
as dedicated to the welfare and well-being of the youth of Pinal County.

The *Pinal County Mounted Posse* is a non-commercial, non-political, non-sectarian organization.

MEMBERSHIP COMMITTEE USE ONLY

Sponsored by: _____ Date: _____

Membership Vote: _____ \$20 Dues Paid _____

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