



# 2025 Membership Application Horse Emergency Evacuation Team

San Luis Obispo County  
 Email: [info@sloheet.net](mailto:info@sloheet.net)  
 Website: <http://www.sloheet.net>  
 Facebook: <http://www.facebook.com/SLOHEET>  
 X: <https://X.com/SLOHEET>  
 P.O. Box 2473 Nipomo, CA 93444  
**805.466.7457**

**We have provided a discount to encourage a 2 year membership, saving time and donations.**

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

PHONE (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

E-MAIL \_\_\_\_\_ **CDL#** \_\_\_\_\_ Class: \_\_\_\_\_

OCCUPATION \_\_\_\_\_ HOURS \_\_\_\_\_ LOCATION \_\_\_\_\_

*Permission for background check \_\_\_\_\_ (please initial)*

### AREAS OF INTEREST

|  |   |
|--|---|
| <input type="checkbox"/> Rescue/Trailering                   | <input type="checkbox"/> Dispatch/Communications                      |
| <input type="checkbox"/> Shelter/Care                        | <input type="checkbox"/> Horse Registration                           |
| <input type="checkbox"/> Fund Raising                        | <input type="checkbox"/> Public Relations                             |
| <input type="checkbox"/> Board Member                        | <input type="checkbox"/> Training/Education                           |
| <input type="checkbox"/> Other Administrative: Specify Below | <input type="checkbox"/> Social Media Coordinator                     |
| Check box if you can handle these situations:                | Blood              Climbing              Hiking              Accident |

**Office ONLY**

YR \_\_\_\_\_

EXP \_\_\_\_\_

CK \_\_\_\_\_

CTY \_\_\_\_\_

EML \_\_\_\_\_

CRD \_\_\_\_\_

SNT \_\_\_\_\_

**RESOURCES YOU HAVE:**

|  |  |
|--|--|
| <input type="checkbox"/> Trailer Size and Type                   |  |
| <input type="checkbox"/> Shelter or Safe House Facility Describe |  |
| <input type="checkbox"/> HAM Radio CALL SIGN                     |  |
| <input type="checkbox"/> HAM Radio Equipment Describe            |  |
| <input type="checkbox"/> Other Equipment Describe                |  |

**I hereby release HEET from any liability for injuries or damage sustained by my participation in HEET activities, rescues or functions.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Annual Membership Dues  \$25.00 single      \$35.00 Family     Amt Paid \_\_\_\_\_

2 Year Membership Dues  \$48.00 single      \$68.00 Family     Date Paid \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO: P.O. BOX 2473, NIPOMO, CA 93444  
 OR EMAIL TO: [INFO@SLOHEET.NET](mailto:INFO@SLOHEET.NET) with a copy of the PayPal Receipt**