



MEMBERSHIP APPLICATION

Name: _____

Spouse/Partner: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Age:

5 - 18 years old

19 - 35 years old

36 - 55 years old

56 - 70+ years old

Do you ride?

Yes

No

Do you own your own horse?

Yes

No

Do you need information on horse leasing?

Yes

No

I would like to become a member at the following level:

Sustaining Member

\$200

Disc. \$15

Supporting Member

\$75

Disc. \$10

Family Membership

\$150

Disc. \$10

Junior Member (up to 18)

\$25

Disc. \$5

Contributing Friend

\$

Please complete the form above and mail it, along with your check, to the following address:

Trish Adams
10 Spruce Lane
Clinton Corners, NY 12514