

COUNTRY TRAILBLAZERS EQUESTRIAN CHAPTER

P.O. BOX 839 STILLWATER, N.Y. 12170-0839

www.countrytrailblazers.org

2007 EQUESTRIAN MEMBERSHIP APPLICATION

Please Print & Fill Out All Information, sign & submit to Club or Chapter Officer

NOTE: INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED

“Choose & Check One”

WORKING MEMBERSHIP

SOCIAL MEMBERSHIP

DATE ___/___/___

NEW

RENEWAL

BUSINESS \$ 75.00 (must fill out business application) **INDIVIDUAL \$ 35.00** **FAMILY \$ 40.00**

Would you like to make an **ADDITIONAL DONATION** Yes Amount \$ _____

NAME:

ADDRESS:

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ - _____ - _____ **Work:** _____ - _____ **E-MAIL:** _____

(optional)

(optional)

Signature: _____

Your signature indicates acceptance of all club rules & regulations.

Do You want to be listed in our club directory? *YES/NO*

Family Members Names: List names and Dates of Birth (children only) under age 18.

Spouse: _____

Children: _____ **DOB:** _____ **Children:** _____ **DOB:** _____

Children: _____ **DOB:** _____ **Children:** _____ **DOB:** _____

TRAILER PLATE #: _____ **TRAILER DECAL:** *YES/NO*

REQUIRED INFORMATION: List ALL Horses noting any marks or identifying features

Name	Breed	Color	Sex	Markings
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

You must submit a current copy of your Coggins, Rabies and Vaccination Record with this application

COUNTRY TRAILBLAZERS EQUESTRIAN CHAPTER

RECEIPT FOR MEMBERSHIP FEE: Amount of: \$ _____ Cash: _____ Check #: _____

Applicant Name: _____

Chapter Officer: _____

Board Secretary / Treasurer: _____

Date: _____ **Tag #** _____ **Trailer Tag:** Yes No

Thank You For Supporting The Trails

A signed Waiver must accompany this form. Applications can not be accepted without it.