

# Country Trailblazers Equestrian Club

## 2010 Membership Application

**PLEASE CHECK ONE:**  Renewal\*  New Membership **MEMBERSHIP LEVEL:**  Individual-\$25  Family-\$40

\*Renewing members please give your name and any information that may have changed from last year. Updated coggins and shots verification if necessary must be emailed, or mailed. Signature verifies that your original signed release forms are still binding and valid so you don't have to send them again.

### INFO ABOUT YOU

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ This is  work  home  cell

Email address: \_\_\_\_\_ Would you like to be listed in our Club directory?  yes  no  
(This will help us stay in touch) (Names, Phone numbers and E-mail addresses only)

Would you like a Trailer Tag?  yes  no If so list your Trailer Plate#: \_\_\_\_\_

### FAMILY MEMBERSHIP

(note that children under age 18 must be accompanied by a legal guardian or parent on the trails)

Spouse (full name): \_\_\_\_\_

Children (names and ages): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### HORSES

Please list all horses you may be riding - include name, breed, color, sex and any identifying markings

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### BE SURE TO EMAIL, OR SNAIL MAIL THE FOLLOWING WITH YOUR APPLICATION

- current copy of your Coggins for each horse
- Rabies and vaccination record for each horse
- Legal Release signed by each member
- Medical Release for all family members participating
- Note that there are separate releases for Minors

Signature: \_\_\_\_\_

I accept all club rules & regulations and acceptance of legal release.

### YOU WILL RECEIVE

- Membership Card
- Trailer Tag if requested
- Trail Map for current year

**MAIL TO:** Karen Paul, 10 Woodshire Court, Ballston Lake, NY 12019 or email as pdf to [kpaul@nycap.rr.com](mailto:kpaul@nycap.rr.com)

For office use only:

Country Trailblazers Equestrian Club | Receipt for Membership Fee:

Amount of \$ received: \_\_\_\_\_ PayPal: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Chapter Officer: \_\_\_\_\_

Board Secretary / Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_ Trailer Tag#: \_\_\_\_\_