

MEMBERSHIP APPLICATION

SOUTH FLORIDA TRAIL RIDERS, INC.

(A NOT-FOR-PROFIT, ALL VOLUNTEER, EQUESTRIAN ORGANIZATION)



TELEPHONE # 4-HORSES
(446-7737)

- NEW MEMBERSHIP
- RENEWAL
- ADDRESS CHANGE / FILE UPDATE
- FAMILY MEMBERSHIP (\$50.00 PER YEAR)
- SINGLE MEMBERSHIP (\$40.00 PER YEAR)
(Applicant Must Be 18 Years Of Age)
- DUAL MEMBERSHIP (\$25.00 PER YEAR)
Must be a full paying member of Broward SFTR
Membership runs from Sept. 1st through Aug. 31st of each year.

NAME (1) _____ DOB _____ NAME (3) _____ DOB _____

NAME (2) _____ DOB _____ NAME (4) _____ DOB _____

ADDRESS _____ EMAIL ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (H) _____ (W) _____ (CELL) _____

OCCUPATION _____ DO YOU WANT YOUR PHONE NUMBER PUBLISHED? Y N

NAME & DATE OF BIRTH OF ALL FAMILY MEMBERS 1) _____ 2) _____

3) _____ 4) _____ 5) _____

HORSE INTERESTS: TRAIL RIDING, PARADES, CAMPING, SHOWS, BREEDING

REFERRED BY? _____ HOW MANY HORSES DO YOU HAVE? _____

DO YOU HAVE A TRAILER? YES NO, IF YES, WHAT IS THE TRAILER CAPACITY? _____

WOULD YOU BE WILLING TO HELP TRANSPORT OTHERS? YES NO

ARE YOU INTERESTED IN HELPING ON A COMMITTEE? YES NO

DO YOU WANT TO RECEIVE YOUR NEWSLETTER BY EMAIL? YES

Warning: Under Florida Law, An Equine Activity Sponsor or Equine Professional Is Not Liable For An Injury To, Or The Death Of, A Participant in Equine Activities Resulting From The Inherent Risks of Equine Activities. (Florida Statutes 773.01 - 773.05). I will abide to club safety rules and give consideration to my fellow club members.

DATE _____ SIGNATURE OF APPLICANT _____

Applicant must be 18 years of age or older.
All listed names above must reside at the same address.

PLEASE MAIL TO:
SOUTH FLORIDA TRAIL RIDERS, INC.
MEMBERSHIP APPLICATION
P.O. Box 924946
Princeton, Florida 33092

PAYMENT TENDERED: CASH CHECK # _____ AMOUNTS _____ RECEIVED BY: _____