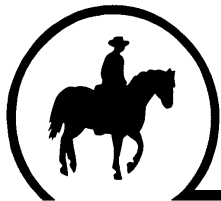


# MEMBERSHIP APPLICATION

## SOUTH FLORIDA TRAIL RIDERS, INC.

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



**SOUTH FLORIDA  
TRAIL RIDERS**

**DON'T FENCE US OUT!**

TELEPHONE # 4-HORSES  
(446-7737)

- NEW MEMBERSHIP
- RENEWAL
- ADDRESS CHANGE / FILE UPDATE
- FAMILY MEMBERSHIP (\$35.00 PER YEAR)
- SINGLE MEMBERSHIP (\$30.00 PER YEAR)  
(Applicant Must Be 18 Years Of Age)
- DUAL MEMBERSHIP (\$20.00 PER YEAR)  
Must be a voting member of S.F.T.R. of Broward  
Membership runs from Sept. 1st through Aug. 31st of each year.

PLEASE PRINT CLEARLY

NAME (1) \_\_\_\_\_ DOB \_\_\_\_\_ NAME (3) \_\_\_\_\_ DOB \_\_\_\_\_

NAME (2) \_\_\_\_\_ DOB \_\_\_\_\_ NAME (4) \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

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

TELEPHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (ALT) \_\_\_\_\_

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 (Must have dsl, cable, etc.)

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

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PAYMENT TENDERED:  CASH  CHECK # \_\_\_\_\_ AMOUNTS \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_