

Northern Trails Riding Club
 292214 Twp Rd 262A, Rockyview County, AB, T4A 0N2
 Fax: 403-226-9905

Application For 2012 Membership

Last Name: _____
 Address: _____
 Town/City: _____ Postal Code: _____
 Phone : _____ Cell: _____
 email: _____

Regular Rate

Check One :
 _____ Individual Membership \$25.00 _____
 _____ Family (Comprised of the parents & all children under the age of 18 living at home.) \$50.00 _____

Number(s) Fee (For each horse/rider combination.) (Set of same 2 numbers) \$ 5.00 x _____ = _____

TOTAL \$ _____

I, _____, do hereby make application for membership in the NORTHERN TRAILS RIDING CLUB for the year 2012. I am aware of the rules and regulations of the club and the responsibilities of membership and agree to comply with them.

In consideration of the acceptance of this application, I, the undersigned, do hereby, for myself, my heirs, my executors and administrators, waive and release the NORTHERN TRAILS RIDING CLUB and any other persons associated with the Club, their representatives, successors and assigns, from all and any rights, claims or liability for damages for any and all injuries to me, my family members, my animals or my properties, or, in the event of accident to anyone else caused by me, my family members or my animals.

Mail-in membership, to be received by
April 1, 2012, and receive a discount.
 Individual Discount \$5.00
 Family Discount \$10.00

NAME(S) OF COMPETITOR(S):	AEF #	HORSE NAME(S)	DATE FOALED	WAIVER:	Blanket size
_____	_____	_____	_____	CHECK BOX <input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____

Applicant's Signature : _____ Date : _____

Signature of Parent or Guardian : _____

required if applicant is under 18

Payment of \$ _____ is attached.

Cheque: _____ Cash: _____