

2017 MEMBERSHIP REGISTRATION

Name _____

Address _____

Phone(s) _____

Email(s) _____

Web Address _____

Single Membership (\$10) _____

Family Membership (\$20) _____

Family Members (Name/Birthday – month & day only)

SURVEY

How many ride? _____ How many horses do you have? _____

Do you have a meeting or event preference, day, and time, etc.? If so, please specify:

What are your interests?

_____ horse shows	<i>help</i> _____	<i>show</i> _____
_____ play days	<i>help</i> _____	<i>ride</i> _____
_____ seminars/workshops	<i>help</i> _____	<i>teach</i> _____ <i>ride</i> _____
_____ trail riding	<i>host</i> _____	<i>lead</i> _____
_____ horse camping trips		
_____ club trip to attend the Ava shows/Southern Classic		
_____ Other (please specify)	_____	

Comments:

Form can be filled out on screen and printed. Please mail the form and fee to:

Buddy Savage, PO Box 123, Collingston LA 71229