



Northern Trails Riding Club FAMILY Membership Application

Email & etransfer to:

info.northerntrailsridingclub@gmail.com

*Family Memberships are for parents and children 18 & under *

Primary Member: _____
 AEF Number: _____ Year of birth: _____
 Riding Division (see class list): _____
 Horse's Name: _____
 ** Junior Horse - year of foaling _____
 Address: _____
 Town/City: _____ Postal Code: _____
 Phone #: _____ Cell #: _____
 Email Address: _____

Additional Family Members:	AEF #:	Year of birth:	Horse's Name:	Riding Division:

** Identify any junior horses, and add their year of foaling

I, _____ (primary member name here), do hereby make application for membership in the NORTHERN TRAILS RIDING CLUB for the year 20____. 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.

Primary Applicant's Signature: _____ Date: _____

Membership (first 3 members)	125.00	\$ _____
Each additional member	50.00	\$ _____
Total		\$ _____

Please note: All photos and videos taken by and for NTRC becomes NTRC property, and may be used without permission or authorization of the subjects/people in the pictures/video on any multi-media venue (web page, Face Book, etc.)

Scan and email this registration form to info.northerntrailsridingclub@gmail.com