

## Cowichan Therapeutic Riding Association

New  Renewal

### Membership Form

Name(s), Association or Corporation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Do not add me to the mailing list*



Dues (paid yearly January 1 to December 31):

Individual - \$10	<input type="checkbox"/>	Family - \$15	<input type="checkbox"/>
Lifetime - \$100	<input type="checkbox"/>	Single Event - \$ 5	<input type="checkbox"/>
Association/Corporation - \$20	<input type="checkbox"/>	Volunteer	<input type="checkbox"/>

If applicable, please indicate which areas you would be interested in volunteering for:

Riding Program  Fundraising  Work Parties

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For Office use Only

Date: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Receipt #: \_\_\_\_\_