

Sleepy Hollow Trail Riders Association

Membership Form



Membership Year _____ (Jan. 1 to Dec. 31) New! _____ Renewal _____

Name _____

Address _____ City _____ Zip _____

E-Mail _____

Phone Numbers (Home) _____ (Cell) _____

Membership Type: Individual \$15 per year
 Family \$20 per year (includes children under 18 years old)
 List kids here _____

In addition to my membership, I am enclosing my charitable donation of \$ _____

Please make checks payable to: Sleepy Hollow Trail Riders Association
 9322 Alward Road
 Laingsburg, MI 48848

Our website SHTRA.org contains our newsletters, and event and contact information.

As a member, I would like to help with the following activities:

<input type="checkbox"/> An Event Host/Hostess	<input type="checkbox"/> Annual Meeting
<input type="checkbox"/> Photographer	<input type="checkbox"/> Board or _____ Committee
<input type="checkbox"/> Workbees/Trail Projects	<input type="checkbox"/> Expo
<input type="checkbox"/> Workbee Cook	<input type="checkbox"/> Media Liaison
<input type="checkbox"/> Can donate use of trail maintenance equipment at workbees	_____

I hereby release Sleepy Hollow Trail Riders Association of any and all liabilities for personal loss/injury, and/or property loss/damage of any kind. I understand that equine activities are risky by their nature and agree to undertake full responsibility for said risk on my own behalf, as well as my minor child/children, legal wards, heirs, & representatives.

Signature _____ Date _____ Signature _____ Date _____

Sleepy Hollow Trail Riders Association is a nonprofit 501(c)(3) organization