



MEMBERSHIP APPLICATION

NAME:

DATE OF BIRTH

ADDRESS:

PHONE & EMAIL:

RIDING EXPERIENCE (styles, level, etc.)

ARCHERY EXPERIENCE

HORSE'S NAME

HORSE'S AGE

MEMBERSHIP TYPE (circle one)

ANNUAL (\$100)

3-MONTH (\$30)

2-DAY (FREE)

HOW DID YOU HEAR ABOUT US?

SIGNATURE: _____ DATE: _____