



<b>EMERGENCY INFORMATION:</b>	
Contact:	_____
Relationship:	_____
Phone:	_____

# Membership Application

Date \_\_\_\_\_

**Primary Contact Information** (Family Equestrian Members - Please list additional family members on the back.)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ \*Email \_\_\_\_\_

*\*Email address is required. Notification of all events and immediate concerns regarding the trails will be communicated via email.*

Stable/Business Name (Professional Equestrian Members only): \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Membership Information** (please check applicable boxes)

- New Membership  Membership Renewal

**Membership Type**

- Base Membership (\$35)  Donation only

**Equestrian Membership** (base membership required)

- Adult Equestrian (\$150 or 15 volunteer hours)  Family Equestrian (\$200 or 20 volunteer hours)  
 Youth Equestrian (\$100 or 10 volunteer hours)  Professional Equestrian (\$150 or 15 volunteer hours)

**Proof of Membership** Please indicate how many of each you need.

- \_\_\_\_\_ Trailer Parking Permit (all trailers parked on property on non-event days must have a permit)  
 \_\_\_\_\_ Rider armband (all riders on LTA trails must wear armband)  
 \_\_\_\_\_ Member ID on lanyard

Current proof of membership will be mailed to address listed above upon receipt of dues payment.

Please notify me of LTA Volunteer Opportunities

**Membership Application Checklist**

I have enclosed the following documents:

- Membership Application
- Signed LTA Rules
- Signed LTA Release of Liability
- Proof of negative coggins test (Equestrian members only)
- Proof of rabies vaccination (Equestrian members only)

I have enclosed the following payments or  I have paid the following via PayPal:

- \$ 35 Base membership fee
- +  \$ \_\_\_\_\_ Equestrian Membership fee
- +  \$ \_\_\_\_\_ Donation for the maintenance and expansion of trail system
- = \$ \_\_\_\_\_ **Total** \*Please make checks payable to Lyme Trail Association.

I would like to contribute the remainder of the membership fee in volunteer hours and **I/my family commit(s) to a minimum of \_\_\_\_\_ volunteer hours** this year (please refer hour requirements above.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**Mail all documents & payments to:** Lyme Trail Association, 95 Cove Road, Lyme CT 06371

**OFFICIAL USE ONLY**

<b>Entry Fees</b>		
<b>Coggins/Rabies</b>		
<b>Liability</b>		

**Family Equestrian Members – Please list additional family members below.****Additional Family Member Contact Information** (Primary Email will be used for communication.)

Name \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Additional Family Member Contact Information** (Primary Email will be used for communication.)

Name \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Additional Family Member Contact Information** (Primary Email will be used for communication.)

Name \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_