

# 2014 MATR MEMBERSHIP APPLICATION

*Mail to: PO Box 474, Randle WA 98377*

**NEW OR RETURNING MEMBER? (Circle one)**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**SINGLE (\$20) OR FAMILY (\$40) MEMBERSHIP?** \_\_\_\_\_

**FAMILY MEMBERS (incl. ages):** \_\_\_\_\_

**HOME PHONE NUMBER:** \_\_\_\_\_

**CELL PHONE NUMBER:** \_\_\_\_\_ **TEXT? Y or N**

**EMAIL:** \_\_\_\_\_

**INTERESTS:** \_\_\_\_\_

**#OF HORSES** \_\_\_\_\_

**Check activity interest:**

<input type="checkbox"/>	<b>Arena Games</b>	<input type="checkbox"/>	<b>Campouts</b>	<input type="checkbox"/>	<b>Trail Rides</b>
<input type="checkbox"/>	<b>Parades</b>	<input type="checkbox"/>	<b>Drill</b>	<input type="checkbox"/>	<b>Sorting / Penning</b>
<input type="checkbox"/>	<b>Competitive Barrels</b>	<input type="checkbox"/>	<b>Competitive Trails</b>	<input type="checkbox"/>	<b>Youth Activities</b>
<input type="checkbox"/>	<b>Crafts</b>	<input type="checkbox"/>	<b>Community Events</b>	<input type="checkbox"/>	<b>Other?</b>

**Would you be interested in taking on a project or helping out? \_\_\_ What?**

Liability Release (must be signed): Recognizing the fact that there is a potential for an accident where ever horses use is involved, which can cause injuries to horses, riders, spectators and also recognizing the fact that Mt. Adams Trail Riders, officers, directors, or members cannot always know the condition of trails or use areas or experience of riders or horses taking part in activities of MATR.

I do hereby release the above named form and any claim or right for damages which might occur to me, my minor children or horses in my care.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_