

## 2015 MEMBERSHIP REGISTRATION

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone(s) \_\_\_\_\_

E-mail(s) \_\_\_\_\_

Web Address \_\_\_\_\_

Single Membership (\$10) \_\_\_\_\_

Family Membership (\$20) \_\_\_\_\_

Family Members (Name/Birthday – month & day only)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SURVEY

How many ride? \_\_\_\_\_ How many horses do you have? \_\_\_\_\_

Do you have a meeting preference on location, day, and time? If so, please specify:

\_\_\_\_\_

What are your interests and would participate in?

\_\_\_\_\_ horse shows *help* \_\_\_\_\_ *show* \_\_\_\_\_  
\_\_\_\_\_ play days *help* \_\_\_\_\_ *ride* \_\_\_\_\_  
\_\_\_\_\_ seminars/workshops *help* \_\_\_\_\_ *teach* \_\_\_\_\_ *ride* \_\_\_\_\_  
\_\_\_\_\_ trail riding *host* \_\_\_\_\_ *lead* \_\_\_\_\_  
\_\_\_\_\_ horse camping trips  
\_\_\_\_\_ club trip to attend the Ava shows/Southern Classic  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

Comments:

\_\_\_\_\_

Form can be filled out on screen and printed. Please mail the form and fee to:

**Buddy Savage, PO Box 123, Collingston LA 71229**