

MEMBERSHIP APPLICATION

Trail Riders of DuPage
P O Box 616
Warrenville, IL 60555-0616

Web: <http://trod.us> E-mail: info@trod.us

Name: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work/cell phone: _____

Barn location: _____ County: _____

This membership represents ___adult(s) ___ children (under 18) and ___horse(s)

Please Circle One:

Single: \$20

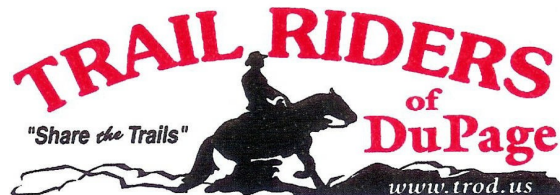
Family: \$30

Please Circle One:

New Membership

Renewal

Please make your check payable to:



PO Box 616
Warrenville, IL 60555-0616

If you have any questions regarding membership or expiration
Please contact membership@trod.us

Do you attend meetings? _____ Ride in parades? _____ Own a trailer? _____

Are you interested in group trail rides? _____ Equine training? _____

Being trained in ERT? _____ Social events? _____ Trail advocacy? _____

I am interested in helping with _____

For meetings, topics or speakers I suggest _____

WARNING "Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities."