

ECTRA MEMBERSHIP APPLICATION
(Membership good thru December 31 of calendar year)

MEMBER (EFFECTIVE UPON RECEIPT OF PAYMENT)

HORSE(s) - EFFECTIVE UPON RECEIPT OF PAYMENT. MUST BE RENEWED ANNUALLY FOR MILEAGE TO BE COUNTED!

Name _____				Name _____				
Address _____				Breed _____		DOB _____		
Address _____				Reg# _____		Color _____	Sex _____	
City _____		ST _____	Zip _____	Prev. Reg? _____	If yes, year _____		ECTRA# _____	
Home Phone _____		Cell Phone _____		By Whom? _____				
Email _____				Name _____				
Type _____	Ind _____	Family _____	Jr _____	Honorary _____	Breed _____		DOB _____	
ECTRA# _____	IF FAMILY, LIST ALL MEMBERS _____		Jr DOB _____	Reg # _____		Color _____	Sex _____	
				Prev. Reg? _____	If yes, year _____		ECTRA# _____	
				By Whom? _____				
				Name _____				
				Breed _____		DOB _____		
				Reg # _____		Color _____	Sex _____	
				Prev Reg? _____	If yes, year _____		ECTRA# _____	
				By Whom? _____				
Prior Member? _____		Latest Year _____		Name _____				
If name has changed, list prior name _____				Breed _____		DOB _____		
MEMBERSHIP CLAUSE: (Mandatory that all adult members sign before membership is granted.) As a condition of, and in consideration for, acceptance of an application for or renewal of membership in the Eastern Competitive Trail Ride Association, Inc. (ECTRA) I represent that I have read, fully understand and agree to be bound by the Rules and Bylaws of ECTRA. I further agree that the decision of the Board of Directors of ECTRA shall be final on any interpretation of said Rules and Bylaws and upon any dispute or protest which may arise thereunder.				Reg# _____		Color _____	Sex _____	
				Prev Reg? _____	If yes, year _____		ECTRA# _____	
				By Whom? _____				
				Name _____				
				Breed _____		DOB _____		
				Reg # _____		Color _____	Sex _____	
Signature(s) _____	Date: _____			Prev Reg? _____	If yes, year _____		ECTRA# _____	
				By Whom? _____				

PLEASE RETURN ALL PARTS OF THIS FORM!

Family:		\$35.00		Make Check Payable to: ECTRA Mail to: Marilyn Miles P.O. Box 76 Clarksville, NY 12041	OFFICE USE ONLY	
Individual		\$25.00			Batch No _____	
Junior		\$15.00			Name: _____	
Honorary		\$0.00			State: _____	
Honorary + Fam		\$10.00			Check: _____	
Horse Registration		\$15.00	# _____		Cash: _____	
Other:				Payable in US Funds Only - Canadians please add \$5.00		
		TOTAL				