



MEMBERSHIP APPLICATION/RENEWAL

Highland Trail Riders Association

Name: First _____ Last _____

Spouse: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Annual Membership - \$15 per household: 1 Year _____ 2 Years _____ 3 Years _____

New Member _____ Renewal _____

Total Paid: _____ Check No. _____ Cash: _____

Please make checks payable to: Highland Trail Riders Association

Mail Payment to: Joyce Love
1795 Stonecrest
Milford, MI 48381

Please list the names of all family members included in this membership:

Waiver: "I hereby release Highland Trail Riders Association, it's membership and officers, of all and any liabilities resulting in physical injury, property damage or personal loss to myself or my family members in connection with any activities sponsored or organized by Highland Trail Riders Association. I realize that horses can behave unpredictably, and I agree to participate in these activities fully aware of the potential risks involved."

Signature: _____ Date: _____