



# MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Check Enclosed for Annual \$50 Membership Fee — All checks payable to "Erin Duffy"

## ENROLLED HORSES

Name: \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

Registration: \_\_\_\_\_

\$40 Enrollment Enclosed

Name: \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

Registration: \_\_\_\_\_

\$40 Enrollment Enclosed

Name: \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

Registration: \_\_\_\_\_

\$40 Enrollment Enclosed

Name: \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

Registration: \_\_\_\_\_

\$40 Enrollment Enclosed