

KENSINGTON TRAIL RIDERS
MEMBERSHIP FORM

Membership year Jan. 1st – Dec. 31st

Year _____

New ___ Renewal ___

Single \$15/yr ___ Family \$20/yr ___ Business \$30/yr ___

I own (or lease) a horse ___

Name: _____ Spouse name: _____

Address: _____ Children name: _____

City: _____ State _____ Zip _____ Business name: _____

Business website: _____

Business members: Send a photo of your business card for the website, and you may advertise on our Facebook Group.

Phone: Home _____ Cell _____ Email _____

I would be interested in helping with the following:

___ Board Member ___ Events ___ Newsletter

OPTIONAL KTR DONATION

\$50 ___ \$40 ___ \$30 ___ \$20 ___ \$10 ___ \$ ___ OTHER

Make checks payable to:

Kensington Trail Riders

PO 534

Milford, Michigan 48381

If you'd like to share your bridle tag # for Kensington Metropark with us, please include here, we'll keep the info in case we are asked to help with any loose horses

Kensington Metropark Bridle Tag #: _____

I hereby release Kensington Trail Riders and its officers and directors of any and all liabilities for personal loss/injury, and/or property loss/damage of any kind. I accept all responsibility for myself, family members, and personal property. Parent or Legal Guardian signature required for children under 18 years of age.

Signature _____ Date _____

REFERRED BY: _____

Save and email to cindykesler@hotmail.com