

KENSINGTON TRAIL RIDERS  
MEMBERSHIP FORM

Membership year Jan. 1st – Dec. 31<sup>st</sup>

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: \_\_\_\_\_