# *ECTRA MEMBERSHIP APPLICATION*

**(Membership good thru 12/31)**

**MEMBERSHIP (effective upon receipt of payment)**

**Name:**

**Address:**

**Address:**

**City** **ST:** **Zip:**

**Phone(s):**

**Email:** **Date:**

**Type:** **Family** ☐ **Ind** ☐ **Jr** ☐ **Honorary** ☐

| Ectra # | If Family, list all members | Jr DOB |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**Past Member?** **Latest Year**

**If recently married, maiden name**

**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. (ETRA) I represent that I have read, fully understand and agree to be bound by the Rules and Bylaws of ECTRA and 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 there under.

**Signature** **Date:**

**HORSE Registration (effective upon receipt of payment)**

**Name** **ECTRA#**

**Breed** **DOB**

**Reg#** **Color** **Sex**

**ECTRA registered?** **, if yes, latest YR: _____**

**By Whom?**

**Name** **ECTRA#**

**Breed** **DOB**

**Reg #** **Color** **Sex**

**ECTRA registered?** **, if yes, latest YR: _____**

**By Whom?**

**Name** **ECTRA#**

**Breed** **DOB**

**Reg#** **Color** **SEX**

**ECTRA registered?** **, if yes, latest YR: _____**

**By Whom?**

**Name** **ECTRA#**

**Breed** **DOB**

**Reg#** **Color** **Sex**

**ECTRA registered?** **, if yes, latest YR: _____**

**By Whom?**

**Name** **ECTRA#**

**Breed** **DOB**

**Reg#** **Color** **Sex**

**ECTRA registered?** **, if yes, latest YR: _____**

**By Whom?**

**PLEASE RETURN ALL PARTS OF THIS FORM**

| | | | |
|---|---|---|---|
| **Family:** | **$35.00** | | |
| **Individual** | **$25.00** | | |
| **Junior** | **$15.00** | | |
| **Honorary** | **$0.00** | | |
| **Honorary + Fam** | **$10.00** | | |
| **Horse Registration** | **$15.00** | **@#** | |
| **Other:** | | | |
| | | **TOTAL** | |

**Make Check Payable to:**

**E.C.T.R.A**

**Mail to:**

**Marilyn Miles**
**P.O. Box 76**
**Clarksville, NY 12041**

| **OFFICE USE ONLY** | |
|---|---|
| **Batch No** | |
| **Name:** | |
| **State:** | |
| **Check:** | |
| **Cash:** | |

**Payable in US Funds Only—Canadians please add $5.00**