

ECTRA MEMBERSHIP APPLICATION

(Membership good thru December 31 of calendar year)

MEMBER (EFFECTIVE UPON RECEIPT OF PAYMENT)

A Rookie Rider is one who has never competed in any ECTRA event or any other organizations' trail or endurance event of any type. **Please indicate all rookie riders.**

HORSE(s) - EFFECTIVE UPON RECEIPT OF PAYMENT.

MUST BE RENEWED ANNUALLY FOR MILEAGE TO BE COUNTED! A Rookie Horse is one who has never competed in any ECTRA event or any other organizations' trail or endurance event of any type by any current or past owners. **Please indicate all rookie horses.**

Name _____				Name _____			
Address _____				Breed _____		DOB _____	
Address _____				Reg# _____		Color _____ Sex _____	
City _____		ST _____ Zip _____		Prev. Reg? _____		If yes, year _____ ECTRA# _____	
Home Phone _____		Cell Phone _____		By Whom? _____ Rookie ☐			
Email _____				Name _____			
Type Rookie ☐ Ind ☐ Family ☐ Jr ☐ Honorary ☐				Breed _____		DOB _____	
ECTRA# _____		If Family, list all members. Check box for Rookies! ☐		Jr DOB _____		Reg # _____ Color _____ Sex _____	
						Prev. Reg? _____ If yes, year _____ ECTRA# _____	
						By Whom? _____ Rookie ☐	
				Name _____			
				Breed _____		DOB _____	
				Reg # _____		Color _____ Sex _____	
				Prev Reg? _____		If yes, year _____ ECTRA# _____	
				By Whom? _____ Rookie ☐			
Prior Member? ☐		Latest Year _____		Name _____			
If name has changed, list prior name _____				Breed _____		DOB _____	
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. (ECTRA) I represent that I have read, fully understand and agree to be bound by the Rules and Bylaws of ECTRA. I further 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 thereunder.				Reg# _____		Color _____ Sex _____	
				Prev Reg? _____		If yes, year _____ ECTRA# _____	
				By Whom? _____ Rookie ☐			
				Name _____			
				Breed _____		DOB _____	
Signature(s) _____		Date: _____		Reg# _____		Color _____ Sex _____	
				Prev Reg? _____		If yes, year _____ ECTRA# _____	
				By Whom? _____ Rookie ☐			

PLEASE RETURN ALL PARTS OF THIS FORM!

Family:		\$35.00		Make Check Payable to: ECTRA Mail to: Marilyn Miles P.O. Box 76 Clarksville, NY 12041	OFFICE USE ONLY	
Individual		\$25.00			Batch No	
Junior		\$15.00			Name:	
Honorary		\$0.00			State:	
Honorary + Fam		\$10.00			Check:	
Horse Registration		\$15.00	# _____		Cash:	
Other:				Payable in US Funds Only - Canadians please add \$5.00		
		TOTAL				