Brookfield Riding & Driving Association
Membership Application
January 1 - December 31, 2016

*** NEW FOR 2016 ***
Members of BRDA automatically save $1 on all horse show class entry fees!

Personal Information

Member Name _____
Address _____
Phone Number _____
E-mail Address _____
Receive newsletter by email? Yes No

Memberships - please check one

____ $15 Individual Adult (19 & over) Membership
____ $10 Individual Junior (18 & under) Membership Date of Birth: _____
____ $25 Family Membership
List all names to be included, for juniors please include date of birth
_____
_____
____ $10 Associate Membership - newsletter only

Total $_____
Please make checks payable to: **BR & DA**

If new, referred by _____

I/We hereby apply for membership in the Brookfield Riding & Driving Association and agree to abide by the intents and purposes of this organization.

Member Signature _____ Date _____

Mail this form and check to: Brookfield Riding & Diving Association
PO Box 250
Brookfield, NY 13314

For official use only
Date received _____
Processed by _____