

**Brookfield Riding & Driving Association**  
**Membership Application**  
**January 1 - December 31, 2018**



**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

\_\_\_\_\_  
\_\_\_\_\_

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* \_\_\_\_\_

*Check #* \_\_\_\_\_