



APPLICATION FOR MEMBERSHIP

Grafton Trail Riders, Inc.
29 Trail Riders Way
Cropseyville, NY 12052

Name: _____ Signature: _____

Age: _____ Date of Birth: _____ Telephone No. _____ Email: _____

Mailing Address: _____

Membership level you're applying for (circle one): Senior Junior*

*Juniors are a minimum of 9 yrs. old up to 17 yrs. old as of January 1st of the current year. All juniors under the age of 12 yrs. old must have a parent, legal guardian or close relative, who is a senior member, present during the meeting at which the junior membership application is submitted.

*All junior applicants must have the Parent/Guardian section on this application filled out.

GTR member who is sponsoring applicant: _____

Do you own a horse? Yes No How long have you been riding? _____

Do you trail ride? Yes No Do you ride in shows/gymkhanas? Yes No

Were you ever a member of the Grafton Trail Riders or any other riding club? Yes No

If yes, name of club? _____

Members are expected to help out with club maintenance and/or when the Grafton Trail Riders are having fund raising affairs. Please choose from the activities listed below and check those that you are willing to help with.

Gymkhana Poker Run National Trails Day

Over the Mountain Ride Christmas Party Maintenance of Club Grounds

Comments: _____

Parent/Guardian Section

I give my permission to allow the above named minor to become a member of the Grafton Trail Riders.

Signature of Parent/Guardian: _____ Date: _____

Print Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Address: _____

For GTR Official Use Only:

Signed: "Horse Activities Warning, Release and Waiver" Form

Dues paid: Senior Junior Amount paid \$ _____