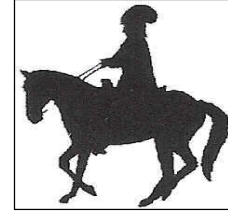


**CAVALIER
Trail Riding Club, Inc
2008**



Membership Application and Renewal Form

Complete this form **ANNUALLY** and **sign release on back.**

FEE SCHEDULE - Please check type of Membership desired.

Family Membership Fee \$25.00

New Member Initiation Fee \$10.00

Individual Membership Fee \$15.00

Waiting Membership Fee \$ 6.00

Associate Membership Fee \$10.00

NAME _____ SPOUSE _____

ADDRESS _____

(street)

(city)

(state)

(zip)

HOME PHONE _____ CELL _____ FAX _____

E-MAIL _____ WORK PHONE _____

NEW MEMBERS ONLY: (References - Name, Address, Phone)

1. _____

2. _____

SPONSOR: _____

(Sponsor must have been a Cavalier TRC Member for 90 days.)

NAME OF EACH ADDITIONAL FAMILY MEMBER UNDER 18 YEARS OLD:

Name

Age

Date of Birth

Name

Age

Date of Birth

CAVALIER TRAIL RIDING CLUB BY-LAWS:

SECTION V, MEMBERSHIP - 3. Annual fees are due on January 1st, delinquent on February 1st. Those not paying dues by February 1st will pay a late fee of \$5.00 and the annual dues. - 10A. Individual member - Persons 18 years of age or older. B. Family Member - a household of one or two adults with or without children. - 11. No person under the age of 18 may join the Cavalier TRC as an Individual member. - 12. A family member over the age of 18 must apply for a separate membership.

SECTION VII - VOTING; 1. An Individual Membership will have one vote. 2. A Family Membership will have two votes.

YOU MUST COMPLETE RELEASE ON BACK

CAVALIER TRAIL RIDING CLUB, INC. - RELEASE OF LIABILITY

I, the undersigned, release the CAVALIER TRAIL RIDING CLUB, INC. OF COLORADO SPRINGS, CO., of any and all liability which may arise as a result of injury to my person or my property that may be sustained in connection with said CLUB'S activities. I know the risks and dangers involved in the activities of said CLUB and I am aware that unanticipated and unexpected dangers may arise during such activity, and I assume all risks of injury to my person and property that could be sustained in connection with the stated and associated activities.

In consideration of the right granted to me to be a member of the CAVALIER TRAIL RIDING CLUB, INC. and my rights to participate in the CLUB activities, I hereby for myself, my heirs, administrators, and assigns, do release, remise and discharge the officials and members of said CLUB and their respective servants, agents, officers, officials and heirs, and all other participants in the CLUB's activities of and from all claims, demands, actions and causes of actions of any sort, for injury sustained to my person, my horse, and/or property during my presence and my participation in the activities of said CLUB due to negligence or any other fault.

If I am under the age of 21 years, I certify that I have the permission of my parents and/or guardians to participate in the CLUB's activities, and that they have full knowledge thereof.

IN WITNESS THEREOF, I HAVE EXECUTED THIS REQUEST AND RELEASE

Day	Month	Year
Day	Month	Year
Day	Month	Year

PLEASE COMPLETE THIS PART SO WE KNOW YOUR NEEDS AND INTERESTS

(Circle all that apply to you or your family)

I am interested in :

Helping with a Competitive Trail Ride or Clinic Colorado Horseman's Council Rep Lead a Trail Ride Newsletter Editor Social Coordinator Phone Committee Trails Maintenance	Participating in a Parade Unit Club Historian Club Trail Ride Chairman Scholarship Committee Sunshine Committee Trails & Open Space Coalition Rep Help with Website and Email Notification
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ADDITIONAL INFORMATION: (Circle all that apply)

I have a horse trailer	Need transportation to rides	Willing to share trailer
Willing to share driving	Prefer all-day or overnight rides	Prefer shorter, easier rides

PLEASE RETURN COMPLETE APPLICATION, WITH FEES TO:

Larry Tobias, Treasurer, CTRC, 13550 Lariat Place, Elbert CO 80106

MAKE CHECKS PAYABLE TO CAVALIER TRAIL RIDING CLUB.