



Equestrian Crossings

Membership Application

Please Complete this Form and Return it to:
 Equestrian Crossings Membership Committee
 P. O. Box 55
 Coupeville, WA 98239

** Please Print Clearly **

Name: _____

Address: _____

City/State _____ Zip Code: _____

Home: _____ Business: _____ Cell: _____

E-mail: _____

SPECIAL MEMBER OFFER: JOIN TODAY and GET 8 HORSE RIDING LESSONS for the PRICE OF 7!

If applying for a Family Membership*, please include the following additional information:

Student name: _____

Additional Names included in your Family Membership and their relationship _____

Class of membership applying for: (please check the one that applies).

Membership Fee:

OR

30+ Documented & Verified
Volunteer Hours to Qualify:

| | | |
|-------------------|----------|-------|
| Individual | \$30.00 | _____ |
| Family w/Student* | \$45.00 | _____ |
| Lifetime Member | \$300.00 | _____ |
| Non-Voting | \$ 0.00 | _____ |

Not Applicable
 Not Applicable

Please make checks payable to EQUESTRIAN CROSSINGS.



Or **NOW** you may pay securely online with @ www.equestriancrossings.com

- Memberships are renewable October 1st each year.
- Please remember to notify us of any change of contact information at info@equestriancrossings.com.

Thank you for supporting EQUESTRIAN CROSSINGS!

For internal use only:

Member #: _____

Date Rec'd: _____

Date Added: _____

Check # _____

Hours Verified: _____

Welcome Packet Sent: _____