



Pennsylvania Equine Council

*THE VOICE FOR THE HORSE*

www.pennsylvaniaequinecouncil.org 1-888-304-0281

**MEMBERSHIP APPLICATION**

*All memberships expire on December 31*

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| <input type="checkbox"/> <b>Individual</b> \$ 25.00  | <input type="checkbox"/> <b>Individual Plus Equisure</b> \$ 46.00  |
| <input type="checkbox"/> <b>Family</b> \$ 35.00<br># _____ adult # _____ children; Includes spouse & children <u>under</u> 18 living in the household.   | <input type="checkbox"/> <b>Family Plus Equisure</b> \$ 75.00<br># _____ adult # _____ children; Includes spouse & children ( <u>under</u> 18) living in the household. <b>Please provide names of each family member.</b>   |
| <input type="checkbox"/> <b>Association</b> \$ 35.00<br># _____ members; Membership of any organized equine group ( <u>min.10 members</u> ) such as riding clubs or breed associations   | <input type="checkbox"/> <b>Association Plus</b> \$ 80.00<br># _____ Members; Includes \$1,000,000 General Liability and <b>limited</b> Directors' & Officers coverage for member only events.   |
| <input type="checkbox"/> <b>Business</b> \$120.00<br>Receive website link in the e-directory and business section on our website, also a 3" x 2.5" sized ad (business card) in each issue of the <i>HorsePower</i> newsletter. | <input type="checkbox"/> <b>Lifetime</b> \$ 500.00<br>( <b>One adult</b> ) <i>Liability insurance may be purchased on a yearly basis.</i>  |
| <input type="checkbox"/> <b>Collegiate</b> \$ 35.00<br># _____ members; PA College & University groups   | <input type="checkbox"/> <b>Youth</b> \$10.00<br>(12 yrs. thru 17 yrs. of age)   |
| <input type="checkbox"/> <b>4-H Horse Club</b> Free<br># _____ Members ( <i>Be sure to list club name; along with a contact name.</i> )  | <b>HOW DID YOU HEAR ABOUT US:</b><br><input type="checkbox"/> Renew my membership<br><input type="checkbox"/> Organization member (specify) _____<br><input type="checkbox"/> Membership Perks flyer<br><input type="checkbox"/> Advertisement (specify) _____<br><input type="checkbox"/> Website<br><input type="checkbox"/> Other (specify) _____ |

**PLEASE PRINT:**

MEMBER(S) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

BUSINESS / ASSOCIATION / CLUB NAME: \_\_\_\_\_

**Youth Membership** (*Parent Signature*): \_\_\_\_\_

**\*Send form along with your check payable to:**

**Pennsylvania Equine Council Membership**

**PO Box 633 Punxsutawney, PA 15767**