 **2023**

**Membership Form**

Please Print

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| Name:  |
| **Birthdate if under age 19:** |
| **Street Address:** |
| **City: Zip Code:** |
| **Email address:** |
| **Phone:** |

**$20.00 Membership Fee per individual. Please fill out one form per person.**

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| **Name/ Requested Back Tag Number** |
|  |  |

**Please indicate preferred method of communication: email, text or snail mail.**

**I agree to the rules and regulations of the 4 Season Equine Association.**

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| **Signature: Date:** |

 **(If under 18 signatures of parent or guardian)**

**Mail forms and Checks to: Tina Weinrick Make Checks payable to:**

 **1217 Mill Rd. 4sea**

 **Kingsley, MI. 49649**

**Warning: Under Michigan Equine activity liability act, an equine professional is not liable for an injury to or death of a participant in an equine activity resulting from an inherent risk of the equine activity. 4 Season Equine Association, its officers/board member, volunteers & show staff or any event host location is not responsible for injury.**

**For office use only:**

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| **Date received:** | **Received by:** |