

2024



MEMBERSHIP FORM

Please Print

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.

Horse's 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.

Signature:	Date:
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(If under 18 signatures of parent or guardian)

Mail forms and Checks to: Tina Weinrick
1217 Mill Rd.
Kingsley, MI. 49649

Make Checks payable to:
4sea

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:

Date received:	Received by:
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