

Trailblazer's Membership Application

Name:	_____	Home Phone:	_____
Street:	_____	Work/Cell Phone:	_____
City:	_____	Email:	_____
State:	_____	Zip:	_____

Membership: New:	<input type="checkbox"/>	Renewal:	<input type="checkbox"/>	Single:	<input type="checkbox"/>	Family:	<input type="checkbox"/>
				\$20/calendar year	\$30/calendar year		

Names of others in family membership:

  
  

Interests

Clinic	<input type="checkbox"/>	Speakers	<input type="checkbox"/>
Newsletter	<input type="checkbox"/>	Judged Pleasure	<input type="checkbox"/>
Over Night	<input type="checkbox"/>	Gaited	<input type="checkbox"/>
Rides	<input type="checkbox"/>	Dressage	<input type="checkbox"/>
Special	<input type="checkbox"/>	Fox Hunting	<input type="checkbox"/>
Tele	<input type="checkbox"/>	Eventing	<input type="checkbox"/>
Food	<input type="checkbox"/>	Jumping	<input type="checkbox"/>
Memb	<input type="checkbox"/>	General	<input type="checkbox"/>
Trail work	<input type="checkbox"/>	Educational/Other	<input type="checkbox"/>
Shows	<input type="checkbox"/>		

Other Interests

  
  
  

Send Application Form and Check To:	Make Checks Payable To: Trailblazers Inc.
Shirley Bonner P.O. Box 206 Casanova, VA 20139	