



DERRY TRAIL RIDERS, INC. MEMBERSHIP APPLICATION

Name _____ Age if Junior _____

Address _____

Telephone _____ e-mail _____

____ I WOULD LIKE TO RECEIVE MY NEWSLETTER BY E-MAIL

Occupations _____

Are you a member of _____ New Hampshire Horse & Trail Assoc (NHH&TA)
_____ New England Horse & Trail Assoc (NEHT)
_____ Other _____

Interests: Breed(s) _____
Activities _____ Trail Riding _____ Horse Shows
_____ Gymkhana _____ Other _____

Membership Types & Dues (Please make checks payable to **DERRY TRAIL RIDERS, INC**):

_____ \$15.00 FAMILY (includes children under 18 as of January 1) Fill in info below

_____ \$10.00 ADULT (18 years of age & over as of January 1)

_____ \$ 6.00 JUNIOR (under 18 years of age as of January 1)

List names to be included in family memberships - Give date of birth for junior members only.

| Name | Date of Birth for juniors |
|-------|---------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I believe that I can be of help in the following activities. Please call on me !

Mail application together with dues to
PATRICIA A. DARMOFAL, DTR TREASURER, 12 KELLY ST., HAVERHILL, MA 01832
(978-372-1986) e-mail patdarmofal@msn.com

Make Checks Payable To **DERRY TRAIL RIDERS, INC.**