Alberta Trail Riding Association

2010 Membership Application/Renewal
Calendar year: Jan. 1st to Dec. 31st

Please check:

_____ **New Membership** _____ **Renewal**

_____ **Single Membership** $ 20.00 _____ **Family Membership** $ 35.00

Surname First Name Mr. / Mrs. / Miss. / Ms.

Address City Postal Code

Home Phone Work Phone E-MAIL

Please indicate your level of activity with ATRA: (please check one)

_____ **ACTIVE MEMBER** – participating in riding events, clinics, rides, and mountain rides, etc.
_____ **NON-ACTIVE MEMBER** - Non-riding, participating in meetings & social events only.

FOR INSURANCE PURPOSES, EACH **ACIVE MEMBER** IS REQUIRED TO HOLD A CURRENT ALBERTA EQUESTRIAN FEDERATION (AEF) MEMBERSHIP. PLEASE PROVIDE YOUR CURRENT AEF NUMBER #_____.
(for AEF membership information please visit www.albertaequestrian.com or call 1-877-463-6233)

ATRA collects uses or discloses personal information only to the extent necessary to meet the purposes of the creation and maintenance of current records on membership and for contacting individuals to notify them of ATRA news and events. ATRA may distribute your contact information to other ATRA members by way of a membership list. ATRA may use your name or likeness in newsletters, brochures or on the ATRA website. ATRA and its agents do not disclose personal information except where permitted by law. By signing this membership application/renewal form, you are deemed to consent to the collection, use and disclosure of your personal information as set out above.

Signature Signature

Please make your cheques payable to A.T.R.A and Mail to:
Barb Few, 6230 - 112A Street, Edmonton, AB T6H 3K3

FOR OFFICE USE ONLY

Date received _____ Cash _____ Cheque _____ Membership card # _____