



Brighton Trail Riders Association

Membership Form



www.brightontrailriders.net

NEW

RENEWAL

Mail to: Brighton Trail Riders Association
P.O. Box 2189, Howell, MI 48844
☎ 517-672-1599

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

County: _____ Township: _____

Phone: _____ Email: _____

Single Membership
(\$20/year)

Family Membership
(\$25/year)

Associate Membership
(\$15/year)

Spouse's Name: _____

(Includes other family members)

Make checks payable to **Brighton Trail Riders Association** & mail to above address

Single and Family memberships are available to trail riders/horse owners who desire to participate in all BTRA activities. They will receive emails, Facebook posts and the newsletter.

Associate memberships are available to non-riders who use the Brighton trails and wish to support their maintenance and improvement. They will receive emails and Facebook posts.

As a BTRA member, I would be interested in helping with the following activities:

- | | |
|---|--|
| <input type="checkbox"/> Board/Committee | <input type="checkbox"/> Newsletter, Website, Facebook |
| <input type="checkbox"/> Work bees | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Organize Events | |
| <input type="checkbox"/> Assist with Events (Picnic, Poker Ride, Trail Rides, etc.) | |

Riding Members (check all that apply):

- I would like to participate more often, but I need horse transportation.
 I am willing to provide horse transportation (within reason).

I hereby release Brighton Trail Riders Association of any and all liabilities for personal loss/injury, and/or property loss/damage of any kind. I accept all responsibility for myself, family members and personal property.

Signature: _____ **Date:** _____

Note: Under the Michigan Equine activity Act (PA351 of 1994), a horse-activity sponsor and/or professional are not liable for the injury to or death of a participant in a horse activity resulting from the inherent risk of the activity.