

Membership Application for Bay State Trail Riders Association, Inc.

(effective through end of calendar year, December 31st)

Please type or print clearly. Information: rzariczny@verizon.net

Name: _____ phone: (_____) _____
I do NOT want my name released for discounts or coupons to benefit BSTRA. []

Address: _____ email: _____
(# & street) (town/city) (state/zip)

Single \$25 [] Single \$1m excess liability insurance \$20 [] [] I'd like to receive your free monthly bulletin *The Bugle* via email
Family \$35 [] Family \$1m excess liability insurance \$40 [] [] I'd like to receive the *Equine Journal* at no cost to me.
Individual Lifetime Membership \$400 [] [] I'd like to receive *Massachusetts Horse* free via email.

I can help

- [] by volunteering for trail work days
- [] by sponsoring a trail ride (\$)
- [] by hosting/running a trail ride
- [] by serving on the Board of Directors
- [] with other projects that might be needed
- [] with _____

Additional donation to this 501(c)(3) corporation \$_____
Your tax exempt donation will be acknowledged.

Please mail this form and check payable to BSTRA, Inc. to:

Rose Zariczny, 216 Grand Street, Woonsocket, RI 02895

Thank you for your support and happy trails!