

## Bay State Trail Riders Association, Inc. Membership Application

(effective through end of calendar year)

Please type or print clearly.

Name: \_\_\_\_\_ phone: (\_\_\_\_\_)\_\_\_\_\_

Do NOT release my name for discounts or coupons to benefit BSTRA [  ]

Address: \_\_\_\_\_ email: \_\_\_\_\_

(# & street)

(town/city)

(state/zip)

Please check all that apply:

Single \$25 [  ] \$1m excess liability insurance (single), additional \$20 [  ] Individual Lifetime Membership \$400 [  ]

Family \$35 [  ] \$1m excess liability insurance (family), additional \$40 [  ]

Barn Membership \$35 [  ] Barn Name \_\_\_\_\_

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

I'd like to receive your free monthly bulletin *The Bugle* via email [  ] or printed copy in black & white [  ]

I'd like to receive **Community Horse** at no cost to me [  ] (formerly Mass. Horse now being published Spring & Fall)

I can help

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

I was referred to BSTRA by \_\_\_\_\_

(name of member)

Please mail this form with check payable to **BSTRA, Inc.** to:  
Rose Zariczny, 216 Grand Street, Woonsocket, RI 02895

Questions? [rzariczny@verizon.net](mailto:rzariczny@verizon.net) or 401-487-3190

*Thank you for your support. Happy trails!*