

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 [] Junior (17 and under) \$12 []

Family \$35 [] \$1m excess liability insurance (family), additional \$40 [] Individual Lifetime Membership \$400 []

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

I was referred to BSTRA by _____

(name of member)

- 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 [] Committee []
- with _____

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

Questions? rzariczny@verizon.net or 401-487-3190

Thank you for your support. Happy trails!