

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 [☐] Junior (17 and under) \$12 [☐]

Family \$35 [☐] Individual Lifetime Membership \$400 [☐]

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

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 [☐] 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!