

NORTHERN KETTLE MORAINES HORSE TRAIL ASSOCIATION  
c/o Valerie Ruelle N2362 New Prospect Lane, Campbellsport, WI 53010  
www.nkmhta.org

For Year 20\_\_\_\_\_

Membership runs from January 1 to December 31. New memberships will be accepted at any time during the year at the current rate of dues. Membership renewals are due by January 31 regardless of the application or renewal date the prior year.

<b>Type of Membership</b> <i>(please check one):</i>		
<input type="checkbox"/> Regular (Single) \$15	<input type="checkbox"/> Family \$20	<input type="checkbox"/> Club \$30

**MEMBERSHIPS:**

**Regular** (one person): Adult over 18 years of age.

Member Name: \_\_\_\_\_  
*Please Print*

**Family** (two or more people): Please list names below. Can include one spouse or significant other and children under the age of 18. Include all family member names.

**Club** (established clubs): Please list below 3 people that will represent your club.

**Club Name:** \_\_\_\_\_

Please Print

Member Name: \_\_\_\_\_ Member Name: \_\_\_\_\_

Name: \_\_\_\_\_ Age, if Minor: \_\_\_\_\_ Name: \_\_\_\_\_ Age, if Minor: \_\_\_\_\_

Name: \_\_\_\_\_ Age, if Minor: \_\_\_\_\_ Name: \_\_\_\_\_ Age, if Minor: \_\_\_\_\_

**RENEWING Membership** – Check here if your Mailing, Phone, and Email are the same as last year.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_  
*Please Print Legibly*

**Voluntary Participation:** I acknowledge that I have voluntarily applied to assist the Northern Kettle Moraine Horse Trail Association in their efforts to maintain, improve and develop areas open to equestrians and other users in the Northern Kettle Moraine State Forest and surrounding areas. I understand as a volunteer that I will not be paid for my services, that I will not be covered by any medical or other insurance coverage provided by the Association, and that I will not be eligible for any Workers Compensation benefits.

**Release:** I further consent to the unrestricted use by the Association and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recordings of me.

Signature of Adult Members (18 years or older), also Signing as Parent or Guardian for Minor Family Members, if Applicable. For Club Membership, an Authorized Representative of that Club Must Sign.

(1) \_\_\_\_\_ (2) \_\_\_\_\_

Date Signed: \_\_\_\_\_