

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.

Type of Membership <i>(please check one):</i>		
<input type="checkbox"/> Regular (Single) \$25	<input type="checkbox"/> Family \$35	<input type="checkbox"/> Club \$40

MEMBERSHIPS:

Regular: Adult over 18 years of age.

Family: Can include one spouse or significant other and children under the age of 18. Include all family member names.

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

Club Name: _____

NAME: *(please print)*

EMAIL:

_____	_____
_____	_____
_____	_____
_____	_____

Check here if your Mailing, Phone, and Email are the same as last year for Renewing Membership

Mailing Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____ Other Phone: _____

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 _____