

PITTSTOWN TRAIL ASSOCIATION

2010 MEMBERSHIP* APPLICATION

Membership in the PTA is open to all equestrians in the greater Pittstown area plus lovers and supporters of horses. As a PTA member, you will receive a tag granting you access to PTA trails. Additional membership benefits include group rides where you can learn the trails throughout our community and meet fellow equestrians. You will be invited to attend the networking meetings and our yearly landowners party. There will be additional events planned throughout the year that you will be able to attend to enhance your equestrian experience.

To preserve the privacy of landowners, the PTA does not publish trail maps. Your best way to learn the trails is to take part in as many of our trail clearings as possible and participate in the group rides. Members of the Board of Governors will also provide trail locations and information. **Membership with the PTA includes a \$1M liability policy with Equisure Insurance!**

***All memberships run for the calendar year, January-December 2010, regardless of date paid.**

Your Name: _____ **Telephone:** _____

Home Address: _____

Email: _____

If you live in the Pittstown area, Does a Trail Cross your land? ____ Yes ____ No

If yes, please list Block _____ Lot _____

Do you board your horse at home? ____ Yes ____ No

If not, where? _____ Farm Name _____ Owner _____ Phone _____

PLEASE LIST ALL FAMILY MEMBERS WHO MAY BE USING THE PTA TRAILS AND THEIR RELATION TO YOU:

1. _____ / _____
2. _____ / _____
3. _____ / _____
4. _____ / _____

PLEASE CHOOSE MEMBERSHIP AND CHECK WHERE APPROPRIATE:

_____ Individual \$45 _____ Family \$65 (up to 4 tags)

_____ **Total number of tags requested**

\$ _____ **Total amount enclosed**

Please make checks payable to the Pittstown Trail Association.

WE NEED AND WELCOME YOU AS A PTA VOLUNTEER!

Please indicate your interest...

_____	TRAIL CLEARING	_____	NEWSLETTER MAILING
_____	HOSPITALITY	_____	OTHER (PLEASE NOTE):
_____	FUNDRAISING	_____	_____
<i>Availability?</i> _____	WEEKENDS	_____	WEEKDAYS

I hereby acknowledge that I have read the Pittstown Trail Association Rules of Conduct. I agree, on my behalf and that of any/ all family and guest members for whom this application is made, to abide by these rules. I understand that any rule infraction by me, my family members or my guests may be grounds for membership termination. Further, I understand that horseback riding is an assumed risk activity, and I hereby release from any and all liability the Pittstown Trail Association, its members, its Board of Governors and officers, and landowners and agencies holding properties through which PTA trails pass. Finally, I agree to comply with the provisions of the NJ Equestrian Activities, Responsibilities and Liabilities act (NJS 2A:15-5.1 et sq.).

SIGNATURE: _____

DATE: _____

SIGNATURE: _____

DATE: _____

Before Mailing please make sure you have done the following: Your TAGS will not be issued until you have!

_____ Filled out the form and signed it

_____ Signed and submitted a Release form FOR EACH MEMBER LISTED ON THIS FORM

**Please Send form, release, and check made out to The PTA to:
Pittstown Trail Association - P.O. Box 10 - Pittstown, NJ 08867**

YEAR 2010 TAG No.(s) _____