



Equine Fellowship Membership Form
Adult Membership Fee- \$10.00
12 & Under Membership Fee - \$1.00

Name _____

Address _____

Phone # _____ Email _____

I wish to become a member of the Equine Fellowship for the year ending December 31, _____

I give permission to be sent emails on information and reminders Yes No
(Equine Fellowship will not sell or share your email address with others)

I am interested in volunteering for events and activities provided by Equine Fellowship. Yes No

My skills and interests include: _____

I would be available to help with duties:

Before an event During an Event After an Event Anytime

As a member of Equine Fellowship, I agree with their mission statement of helping provide affordable, family orientated equine activities and events that promote fellowship between horse enthusiasts and our community. As a member I will receive membership rates at events and activities sponsored by Equine Fellowship.

Signature

Date

Mail Forms to: Equine Fellowship, C/O Cyndi Peasley Treasurer, 6920 N Dickerson Rd., Manton, MI 49663

.....
Office Use Only

Paid Amount _____ Check # _____ Cash _____ Initials _____