

**NEWTOWN BRIDLE LANDS ASSOCIATION, INC.
FAMILY MEMBERSHIP APPLICATION**

FAMILY MEMBERSHIP- \$75.00 NEW___ RENEWAL___
(IMMEDIATE FAMILY MEMBERS AT SAME ADDRESS ONLY – SPOUSE, PARTNER, CHILDREN)

Your First and Last Name:

Phone:

Email:

Street Address:

City:

State:

ZIP Code:

Spouse/Partner First and Last Name:

Spouse Partner Email: (if they want to receive emails from us)

#1 Child's First and Last Name:

#1 Child DOB if under 18:

#2 Child's First and Last Name:

#2 Child DOB if under 18:

#3 Child's First and Last Name:

#3 Child DOB if under 18:

#4 Child's First and Last Name:

#4 Child DOB if under 18:

TELL US A LITTLE ABOUT YOURSELF! WHAT ARE YOUR HORSE RELATED INTERESTS? WHERE DO YOU BOARD YOUR HORSE? WHAT WOULD YOU LIKE TO GET OUT OF YOUR NBLA MEMBERSHIP? WHAT ACTIVITIES ARE YOU MOST LIKELY TO ATTEND (TRAIL RIDES, SOCIAL EVENTS, EDUCATIONAL SEMINARS, ETC)?

How to Pay: Check made out to NBLA, mail to PO Box 3083, Newtown, CT 06470 or PayPal to Newtown Bridle Lands Association, Inc.

PLEASE SUBMIT A SEPARATE RELEASE OF LIABILITY FORM FOR EACH RIDER. GUARDIAN SIGNS FOR MINORS UNDER 18

QUESTIONS?

EMAIL NEWTOWNHORSES@GMAIL.COM

Newtown Bridle Lands Association - PO Box 3083- Newtown, CT 06470-3083

www.nblact.com

PLEASE JOIN OUR FACEBOOK GROUP!