



# WillowBrook Trail Association

50 Tuscan Way, Clinton Corners, NY 12514

www.willowbrooktrail.com

## MEMBERSHIP APPLICATION

\*\* PLEASE CHECK ONE:

OPTION 1 MEMBERSHIP DUES - NO TRAIL WORK	OPTION 2 MEMBERSHIP DUES +5 HRS TRAIL WORK (3hrs completed by 6/30)	OPTION 3 CONTRIBUTING MEMBERSHIP (no riding privileges)
<input type="checkbox"/> Senior Member (ages 18+) = \$85.00	<input type="checkbox"/> Senior Member (ages 18+) = \$35.00	<input type="checkbox"/> Sponsor = \$50.00
<input type="checkbox"/> Junior Member (ages 6-17) = \$30.00	<input type="checkbox"/> Junior Member (ages 6-17) = \$15.00	<input type="checkbox"/> Patron = \$100.00
<input type="checkbox"/> Family Membership = \$130.00	<input type="checkbox"/> Family Membership = \$70.00 (5 hrs of trail work / voting member)	<input type="checkbox"/> Other = \$ _____.00

My riding membership entitles me/my family to use all WBTA trails for horseback riding. I will be supplied with a map, a copy of the Constitution and By-Laws, trail rules and regulations and a membership roster. I will be notified of all regular meetings and activities. Members over 18 shall have voting privileges. If family membership, please list names of members, living at home, who are over 18.

\*\* MEMBERSHIP FROM APRIL 1<sup>ST</sup> THRU MARCH 31<sup>ST</sup>

\*\* NO RIDING DURING DEER HUNTING SEASON

\*\* GUEST RIDING FEE = \$10.00

\*\* PROTECTIVE HEAD GEAR MANDATORY WHILE RIDING

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

Member Name(s): \_\_\_\_\_  
Birthday (month/day): \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different than above)  
City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Can Host Meetings:  YES  NO

We/I will not hold any landowner whose land is being used by WBTA for trail riding or its activities, responsible for any accident or injury to me/my children or my horse(s). Furthermore I/we will not hold WBTA, its members or officers responsible for accidents or injury to me/my children and/or my horse(s). I/we understand and accept all risks associated with horseback riding and activities. (Parent or guardian must sign for junior members).

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Please make your check payable to:  
WBTA, 50 Tuscan Way Clinton Corners, NY 12514  
Membership materials will be mailed promptly.  
Thank you for your interest in the WBTA.  
phone: (845) 868-3056 | email: wbta@me.com  
website: www.willowbrooktrail.com

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Amt: \_\_\_\_\_  
Date: \_\_\_\_\_  
Pkt sent: \_\_\_\_\_