



# Equine Collaborative International, Inc.

a 501©3 charitable non-profit organization,  
Empowering the Equine Community through Cooperation and Education

- APPLICATION for MEMBERSHIP 2021
- MEMBERSHIP RENEWAL 2021\*

Name \_\_\_\_\_

*\*For Renewal, if no information has changed it's not necessary to complete the rest of this form*

Name of Business/Organization \_\_\_\_\_

*if applicable*

Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Land Line (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Your age:
___ 0-22
___ 23-30
___ 31-40
___ 41-50
___ 51-60
___ 61-70
___ 71-80
___ 81+

Do you want to receive your Newsletter via \_\_\_ email or \_\_\_ hard copy via postal mail?

Do you have a horse-related business? \_\_\_ No \_\_\_ Yes, is the above your business address? \_\_\_ No \_\_\_ Yes

Nature of business \_\_\_\_\_

Do you currently ride/drive? \_\_\_ Yes \_\_\_ No How many horses do you \_\_\_ own \_\_\_ lease \_\_\_ none

Did you at one time \_\_\_ Own \_\_\_ Ride \_\_\_ Drive or are you \_\_\_ new to the horse community?

In what discipline or for what purpose do you/did you use your horse(s)? \_\_\_\_\_

Would you like to participate on a committee or volunteer at event? \_\_\_ Yes, please contact me

Please tell us where you heard about ECI \_\_\_\_\_

All Memberships (including family and organization) entitle member to one vote, a quarterly Newsletter and one members discount card.

Type of Membership:

\_\_\_ **Youth** 0-17 years\* \$5 \_\_\_ **Junior** 18-22 years \$10 \_\_\_ **Individual Adult** \$25

\_\_\_ **Family** \$45 *includes up to 2 adults and not more than 5 of their children*

Name of adult 1 \_\_\_\_\_ Name of adult 2 \_\_\_\_\_

Names and ages of all children \_\_\_\_\_

\_\_\_ **Organization** \$50 *includes listing on ECI website* **Total Membership of Organization** \_\_\_\_\_

Purpose of organization \_\_\_\_\_

\_\_\_ **Business** \$50 *includes listing on ECI website* \_\_\_ n \_\_\_\_\_

Type of business \_\_\_\_\_

\_\_\_ **I will mail check (US funds) to ECI. c/o Phyllis Jensen, 9582 Middle Rd #30, East Concord, NY 14055**

**I will pay by PayPal** <click or go to: [paypal.me/ECI2021](http://paypal.me/ECI2021)

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

\*if under 18 years you must have a Parent or Guardian sign below

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_