



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 events? ____ Yes, please contact me

Please tell us where you heard about ECI _____

All Memberships entitle the member to one vote, a quarterly Newsletter and one member's 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

Type of business _____

Please save completed application and email it to: domino1ny@hotmail.com

____ **I will mail check in 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

Signature: _____ Date: _____

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

3-17-21

Parent or Guardian: _____ Date: _____