



Equine Collaborative International, Inc.

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

- APPLICATION for MEMBERSHIP 2020**
- MEMBERSHIP RENEWAL 2020***

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*

Type of business _____

Make check in US funds to ECI. Mail to: Jeannie Wodo, 3666 Lockport Olcott Rd, Lockport NY 14094

Signature: _____ Date: _____

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

Parent or Guardian: _____ Date: _____