

Centered Riding® Inc.

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CERTIFICATION RENEWAL

Name _____

First

Middle

Last

Address _____

Country _____

Email _____ Website _____

Telephone _____ Cell _____ Fax _____

Membership Status (Level) _____ Year of Most Recent Update _____ Total Number of Updates _____

- I have checked my information carefully and made any necessary changes. (Note: The information shown above will appear on the CR website and in the directory. It is important to provide us with your current email address as you will receive the newsletter and important correspondence by email.)
- Please list any skills or areas of expertise which you would be willing to make available to Centered Riding

PLEASE VERIFY YOUR STATUS AS A CENTERED RIDING INSTRUCTOR (NOTE: PLEASE SEE THE ORANGE HIGHLIGHTED LINE ON YOUR RENEWAL LABEL FOR THE YEAR OF YOUR NEXT REQUIRED UPDATE)

- I have updated in accordance with Centered Riding's Policies and Procedures. If you will be updating prior to December 30th, please pay full dues and indicate the clinic you will be attending (date and location of clinic):

- I do not intend to update but wish to remain on the list of inactive instructors (reduced membership dues apply). I understand that as an Inactive Instructor, I *may not* continue to teach Centered Riding clinics, workshops, seminars, demonstrations or presentations, I may not advertise that I teach Centered Riding (including "Centered Riding techniques or concepts"), and I may not continue to use the CR logo. Inactive instructors may reactivate their certification by paying full dues for the year and participating in a CR Update clinic.
- I have not updated as required, but am paying full membership dues and wish to apply for an extension (please complete an instructor accommodation form (available from the office or website), explaining the reasons why you were unable to update as required and **submit WITH your renewal. (If you do not submit this form, you will be placed in the inactive category and all advertising privileges will be suspended until you have attended an update clinic.)**

PAYMENT OF MEMBERSHIP DUES – please complete this form and submit check or credit card payment with this renewal form. **November 1** is the due date for payment of membership dues. **Late fee of \$10.00 applies after November 30.** **Any instructor not paying membership dues by December 31 will be removed from the website on January 1 and will need to pay a reinstatement fee of \$25 to be re-listed as a CR Instructor.**

RENEWAL OF MEMBERSHIP INDICATES THAT YOU AGREE TO ABIDE BY CENTERED RIDING POLICIES AND PROCEDURES.

ALL MEMBERS MUST COMPLETE SECTIONS 1 AND 2

1) PAYMENT OF MEMBERSHIP DUES

- INSTRUCTORS** - PLEASE PUT AMOUNT FROM TABLE I HERE (Based on level and date of payment) \$ _____
- ADD BUSINESS MEMBERSHIP (\$90 FOR NON-INSTRUCTOR / \$45 ADDITIONAL FOR INSTRUCTORS)** \$ _____
 (BUSINESS MEMBERS RECEIVE 15% DISCOUNT ON ADVERTISING, EXTRA DIRECTORY LISTING & MENTION IN NEWSLETTER)

TABLE 1 - MEMBERSHIP DUES FOR ALL MEMBERS FROM ANY COUNTRY

	Inactive Instructor	Level I	Level II	Level III	Level IV Apprentice	Level IV
Paying on or before Oct 1 (\$5 discount)	\$35.00	\$65.00	\$80.00	\$105.00	\$105.00	\$130.00
Paying Oct 2 – Nov 1 (standard fee)	\$40.00	\$70.00	\$85.00	\$110.00	\$110.00	\$135.00
Paying Nov 2 - Dec 31 (\$10 late fee)	\$50.00	\$80.00	\$95.00	\$120.00	\$120.00	\$145.00
Paying after Dec 31 (\$25 reinstatement fee)	\$65.00	\$95.00	\$110.00	\$135.00	\$135.00	\$160.00

TABLE 2 - PRINTED DOCUMENTS SURCHARGE

	USA Member	Member from Canada	Member from any other Country
All Centered Riding Communication and Newsletter via email	0	0	0
Printed Centered Riding communication and Newsletter via "snail mail"	\$15.00	\$16.00	\$20.00

2) **PRINTED DOCUMENT SURCHARGE** (PLEASE PUT AMOUNT FROM TABLE 2 HERE) \$ _____

****NOTE: IF NO AMOUNT IS INCLUDED – YOU WILL RECEIVE NEWSLETTER VIA EMAIL****

3) **PRINTED DIRECTORY- ADDITIONAL CHARGE (See below)** \$ _____

- DELIVERED TO ADDRESS IN U.S. OR CANADA - \$15
- DELIVERED TO ADDRESS IN ANY OTHER COUNTRY- \$20

4) **ADDITIONAL DONATION ON BEHALF OF CENTERED RIDING** \$ _____

PLEASE SPECIFY IN TABLE 3 HOW YOUR GIFT SHOULD BE APPLIED

TABLE 3 – DONATION DESIGNATION

I would like my tax-deductible contribution to be applied as follows:

___ Centered Riding® Inc. in the amount of : \$10 ___ \$25 ___ \$50 ___ Other \$ _____

___ Sally Swift Scholarship Fund in the amount of: \$10 ___ \$25 ___ \$50 ___ Other \$ _____

___ Centered Riding Promotional Fund in the amount of: \$10 ___ \$25 ___ \$50 ___ Other \$ _____

5) PAYMENT FOR ADVERTISING

- ADDITIONAL LISTINGS ON THE CR WEBSITE - \$25 FOR UP TO FIVE LOCATIONS** (i.e. if you live near another state or country or live part-time in two different locations, you can be found in both locations. **(List locations on reverse side).**) \$ _____
- WEBSITE "ADD-ON" ADVERTISING - \$50** (Add photo and./or additional text about you to your CR web listing) \$ _____
- ADVERTISING IN CR NEWSLETTER** \$ _____
- I wish to receive FREE advertising space on the CR website (free to any CR Instructor who offers a discount on lessons or clinics OR gives value added services to CR Rider Members). Office will send form.**

TOTAL PAYMENT MADE WITH THIS RENEWAL \$ _____

Go to www.centeredriding.org to renew on-line using PayPal OR

- PAYMENT BY CHECK** (written on U.S. Banks only) OR **PAYMENT BY CREDIT CARD** (Visa or Mastercard only)
- I am paying by group payment with _____. * For info about group payments, contact CR Office.

CC# _____ Exp. Date _____

Signature _____