

Centered Riding,® Inc. Rider and Supporting Membership Application



Centered Riding's Rider Membership is for horse riders who wish to participate in CR's Rider Recognition Program in which hours spent taking Centered Riding lessons, bodywork or attending Centered Riding Clinics are logged into a Rider's Journal and a colored badge & certificate are awarded for each 30 hours of CR lessons/10 hours of groundwork bodywork completed. The Supporting Membership is for those who wish to support the work of Sally Swift.

Membership includes a subscription to the Centered Riding® Quarterly Newsletter (available by password from Centered Riding's website (or in print with payment of an extra fee), and a discount on the registration fees for Centered Riding's Annual Educational Symposium).

PLEASE PRINT CLEARLY:

First Name: _____ Last Name(s) _____

Address: _____

City: (include postal code if it comes before city) _____ State/Prov. _____

Zip/Postal Code: _____ (enter only if it follows city, state or prov.) Country: _____

Phone: (Include country code for foreign nos.) _____ Cell _____

Email Address: _____

(Note: If joining between Nov 1 – Dec. 31 prorate dues and printed document surcharge (for printed newsletter) shown below by 50%. After 12/31, pay full dues which will apply to following year's membership. Membership period runs from April 1 through March 31.

Supporting Member

\$35 USA, CANADA \$40 ALL OTHER COUNTRIES

Rider Member

I am joining and paying at a Centered Riding Clinic \$20 (discounted rate for clinic attendees only, otherwise see box below)

Adult Rider – \$35 USA, CANADA \$40 ALL OTHER COUNTRIES

Jr. Rider (under 18 – please give date of birth _____) \$25 USA, CANADA \$30 ALL OTHER COUNTRIES.

Family Riders (2 or more from same family, same address – **PER PERSON** \$25 USA, CANADA \$30 ALL OTHERS

Please list names of family members:

I wish to receive a printed, paper copy of the Quarterly Journal - \$15 USA \$20 ALL OTHERS

I wish to receive a printed Directory of CR Instructors and Members - \$15 USA \$20 ALL OTHERS

Please send me more information as follows:

Centered Riding Books and Videos Attending the Centered Riding Symposium Becoming a Centered Riding Instructor

I would like to support Centered Riding and the work of Sally Swift.

Enclosed is my tax-deductible donation of \$_____ to Centered Riding, Inc., The CR Education Fund The Sally Swift Scholarship Fund

Total of all boxes checked\$ _____

Check (*DRAWN ON US BANKS ONLY*) CC (*Visa/Master Card only*) _____ Exp. Date _____

Signature _____ Name on credit card (if different) _____

By using a check for payment, you agree to the following terms: When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction.

In the event your check is dishonored or returned for any reason, you authorize Centered Riding or its representatives to electronically (or by paper draft) re-present the check to your bank account for collection of the amount of the check, plus any applicable fees as permitted by law.

CENTERED RIDING®, INC.

1 Regency Drive, Post Office Box 30, Bloomfield, CT 06002

Phone: 860-243-9501 / Fax: 860-286-0787

Email: Office@CenteredRiding.org / Website: www.CenteredRiding.org