

Centered Riding® Inc.

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Email: Office@CenteredRiding.org

Website: www.CenteredRiding.org

2016 MEMBERSHIP – DUE APRIL 1

Name _____

Address _____

Phone _____ Email _____

IT IS IMPORTANT THAT YOU PROVIDE US WITH A CURRENT EMAIL ADDRESS,
AS YOU WILL RECEIVE THE NEWSLETTER AND MEMBER ANNOUNCEMENTS VIA EMAIL.

1) PAYMENT OF MEMBERSHIP DUES

PLEASE PUT AMOUNT FROM TABLE I HERE \$ _____

TABLE 1 - MEMBERSHIP DUES FOR ALL MEMBERS FROM ANY COUNTRY

Membership Designation:	United States	Adult Member	U.S	Other Countries
Family Members - two or more family members - same address	Adult Member	from all other	Jr. Member or	Jr. Member or
Junior Member - under the age of 18 (please list DOB below)		countries	per each	per each
Junior Date of Birth:			Family Member	Family Member
	\$35.00	\$40.00	\$25.00	\$30.00 each

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

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

TABLE 2 - PRINTED DOCUMENTS SURCHARGE

	United States	Member from
	Member	Any Other Country
Centered Riding Newsletter via email	0	0
Centered Riding Newsletter via "snail mail"	\$15.00	\$20.00

3) PRINTED DIRECTORY- \$15 ADDITIONAL FOR U.S. MEMBER / \$20 ALL OTHERS
 I WISH TO HAVE A PRINTED DIRECTORY \$ _____

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

TABLE 3 – PLEASE SPECIFY HOW YOUR GIFT SHOULD BE APPLIED

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 Education Fund in the amount of ___ \$10 ___ \$25 ___ \$50 ___ Other \$ _____

TOTAL PAYMENT \$ _____

- PAYMENT BY CHECK (*written on U.S. Banks only*) OR
 PAYMENT BY CREDIT CARD (VISA or MasterCard only)

CC# _____ Exp. Date _____

Signature _____