

Member number _____ Year _____ Date submitted _____ New _____ Renewal _____



Douglas County Trail Riders

Membership Application

Individual (18 yrs. and older) \$45 _____ Family (w/children under 18 yrs.) \$60 _____ Number in family? _____

Buyout (no volunteer requirement)

Individual (18 yrs. and older) \$90 _____ Family (w/children under 18 yrs.) \$120 _____ Number in family? _____

Temporary/ One Day \$10 _____

Name: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Home Phone: _____ Email: _____

For Family Memberships: Spouse Name: _____ Cell: _____ Email: _____

Family member names, ages: _____

Want to receive the DCTR Newsletter? Yes ___ No ___ Want to receive text message alerts? Yes _____ No _____

As a member of DCTR we hope you will be willing to help out with some events. For which events can we expect your name to be on the volunteer list? Horse Shows: _____ Trail Rides: _____ Concessions: _____ Parades: _____ Clinics: _____ Parties/Social Activities: _____ Play Days: _____ Maintenance: _____

- Pursuant to The Equine/Livestock Liability Act (KSA Ch.290) I understand there are inherent risks within equine related activities and accept the responsibility of myself, my children or those for which I am legal guardian, in engaging in domestic animal activities.
- By becoming a member of Douglas County Trail Riders, I accept the responsibilities outlined in the By-Laws

Excerpt from By-Laws of Douglas County Trail Riders, Inc.: Article IV. Responsibility

1. Each member of the club must assume the responsibility to attend as many Club functions as possible.
2. Members shall assist in Club planning and property maintenance as much as possible.
3. Conduct must be above reproach in sportsmanship, showing, or the recreational use of horses.

DOUGLAS COUNTY TRAIL RIDERS, Inc. AND ITS BOARD MEMBERS ARE NOT RESPONSIBLE FOR ACCIDENTS OR INJURIES OR LOSS TO HORSES, RIDERS, EQUIPMENT OR SPECTATORS.

Signature(s): _____ Date: _____

_____ Date: _____

Please Make Checks Payable to: **DCTR or Douglas County Trail Riders**

Mail Form with Payment to: **DCTR, P.O. Box 3224, Lawrence, KS 66046**

Treasurer Use: Date _____ Check # _____ Cash \$ _____ Received by _____