



# Franklin Trail Riders Membership Form

**Return Form To:**

Jason Black | PO Box 144 | Winthrop, NY 13697

**Name:** \_\_\_\_\_

(If Family (2 or more) write head of family)

**Address:** \_\_\_\_\_

House or PO Box Number

Road, Route or Street

City or Town

State

**Phone:** (     )     -     **Email:** \_\_\_\_\_

**Dues:**

Youth - No Vote                      \$15

Single - 1 Vote                         \$20  
(19 & Over)

Family - 1 Adult Vote                 \$35  
(Includes children 18 & under)

*To represent a minor 18 & Under an adult must have a membership either single or in family.*

**Please List All Members below and Check Age Category for Show Purposes**

Name	Leadline	10 & Under	13 & Under	14-18	19 & Over
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*The age of any rider is as of January 1st of the current show year.*