



Franklin Trail Riders Membership Form

Return Form To:

Anne Farden | 628 Goodman Rd | Malone, NY 12953

Membership Year: _____

Name: _____
(If Family (2 or more) write head of family)

Address: _____
House or PO Box Number Road, Route or Street

City or Town State & Zip

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.