



Premier Mount N Trail

MEMBERSHIP FORM

NAME _____

ADDRESS _____

EMAIL _____

PHONE _____

Youth Annual Membership \$30 (includes 2 horses) \$15 Every additional 1- 2 horses DOB ____/____/____

Adult Annual Membership \$40 (includes 2 horses) \$20 Every additional 2 horses

(Membership fees include PMT and OQHA Annual Memberships, good for all breeds of horses)

Currently holds a OQHA Life membership

Total \$ _____

List Horse Names (how you want it recorded) - back numbers will be assigned by PMT

_____	Back Number _____
_____	Back Number _____
_____	Back Number _____
_____	Back Number _____
_____	Back Number _____

Home Base Horse Park or Trail Riding Facility (If you have one)

Signature _____ Date _____

Parent/Guardian _____

Make Checks Payable to: PMT

Complete and return to: PMT, 4254 Webb Rd, Ravenna, OH 44266
Contact: Cynthia Bauman premiermountntrail@gmail.com

More info and can also reach us on Facebook.com at Premiermountntrail.com