

Delaware Equine Council Membership Application

P.O. BOX 158 HARRINGTON, DE 19952

January 1-December 31

Please check membership desired; (\$5 discount on 5yr membership):

- | | | | |
|---|---------|------------------------------|----------|
| | 1 Year | 3 Years | 5 Years |
| <input type="checkbox"/> Commercial | \$30.00 | \$90.00 | \$145.00 |
| <input type="checkbox"/> Organizational | \$20.00 | \$60.00 | \$95.00 |
| <input type="checkbox"/> Individual | \$10.00 | \$30.00 | \$45.00 |
| <input type="checkbox"/> Youth | \$5.00 | <i>(No Discount offered)</i> | |

Name of Business/ Org. /Individual

Contact Person(full name, please):

Mailing Address _____

City _____ State _____

Zip _____ Phone No. _____

Email Address _____

Web page _____

What types of equine activities do you participate in?

Please check any you are interested in helping with:

- | | | |
|-------------|------------|-----------------|
| Education | Fair Booth | Recycle Program |
| Barn Tours | Newsletter | Trails |
| Fundraising | Directory | |

www.delawareequinecouncil.org or .com

Organizations please complete

Please list your officers:

Name and Title: _____

Name and Title: _____

Name and Title: _____

Name and Title: _____

Name and Title: _____

Regular meeting, time, place, contact and phone numbers:

Approximate number of members: _____

Does your organization hold shows or other equine events ? If so when , where, contact person and phone number:

Attach paper if more space is needed! Thanks!