

Delaware Equine Council Membership Application

P.O. BOX 158 HARRINGTON, DE 19952

January 1, 200_ -December 31, 200_

Please check membership desired:

- Commercial \$30.00
- Organizational \$20.00
- Individual \$10.00 adult/\$5.00 youth under 18

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!