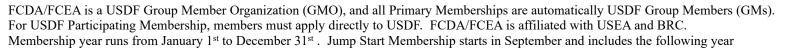
## French Creek Equestrian Association

Year of Application

202





| Name  | DOB*   |   |
|---|--|---|
| Address   |  |   |
| City Sta  | te Zip USDF# _   |   |
| Home phone: () Cel  | ll/work phone  |   |
| Email address   | Trainer/Instructor   |   |
| Add'l Family Member Name:   | DOB*   | USDF#   |
| To be eligible for year end awards, members must comp<br>prefer to do or like to offer?   | lete the volunteer requirements. If you have a prefer  | ence, what volunteer activity would you   |
| What are your interests?   Dressage  Eventing  Where would you like to see activities held?  Would you like to be listed on the Member Services Directorial Trailering, Farrier, etc)  Would you allow FCEA to give your email address to ap How would you like to receive club news?   | ectory of the FCEA website? Please list Service(s) F   |   |
| *DOB: Date of birth required for Junior or Masters applications.  *Jump Start Membership may join starting 9/1 and benefits con-  | Individual Primary Membership Additional Family Member Education Sponsor Only** Jump Start Membership 9/1-12/31/+1* Jump Start Secondary Membership* | \$45 / Jan-Dec \$<br>\$35 / Jan-Dec \$<br>\$35 / Jan-Dec \$<br>\$70 / 16 month \$<br>\$50 / 16 month \$ |
| *Jump Start Membership may Join Starting 9/1 and benefits continue thru the following year. Allows late joining new members to get a Jump Start on membership benefits.  **Education Sponsors are not considered members of the club, but are allowed to participate in unmounted activities. They must pay the non-member fees for FCEA shows and clinics. | Make checks payable to: FCEA Please mail your check and members! Louise Jordan-Beam, 85 Williams Ro  | Total Enclosed \$hip application to:  |