



Please fill out the form below and mail to our Membership Chair, Kimberly Gustafson. The address is at the bottom of this form.

**EQUESTRIAN TRAILS, INC., CORRAL 36 MEMBERSHIP APPLICATION**

**New:** \_\_\_\_\_ **Renewal:** \_\_\_\_\_ **(Dues include insurance fee)**

Name (Last): \_\_\_\_\_ (First) \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Occupation \_\_\_\_\_

Email: \_\_\_\_\_ Spouse: \_\_\_\_\_

_____ Junior (under 18) Birthdate _____	Dues paid _____	<b>\$40</b>
_____ Senior (over 18)	Dues paid _____	<b>\$45</b>
_____ Family**2 members	Dues paid _____	<b>\$60</b>
_____ Family**3 members Sr. ___ Jr. ___	Dues paid _____	<b>\$65</b>
_____ Family**4 members Sr. ___ Jr. ___	Dues paid _____	<b>\$70</b>
_____ Associate (Please indicate regular Corral: _____)	Dues paid _____	<b>\$20</b>

\*\*Limited to parents & children under 18. List only horse-riding family members.

Birthdates required for all minors:

Child's Name:

Date of Birth:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date** \_\_\_\_\_

**Applicant's signature** \_\_\_\_\_  
 (Parent's signature if under 18)

Please make your check payable to "ETI Corral 36". Mail to ETI Corral 36, c/o Membership Chair: Kimberly Gustafson, 26885 Mulholland Hwy., Calabasas, CA 91302.