

MEMBERSHIP FORM 2019-20

NAME: _____

ADDRESS: _____ POSTAL CODE: _____

TELEPHONE: _____ OTHER: _____

EMAIL: _____

I would be interested in the following activities:

Horse handling _____ Sidewalking _____

Workparties _____

Fundraising Yes _____ No _____

Signature: _____

Date: _____ Membership fee paid (\$10.00) _____

Membership in the PRTRA is \$10.00 per year, September through August.
Thank you for your support.



POWELL RIVER THERAPEUTIC RIDING ASSOCIATION

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