

MEMBERSHIP FORM 2024-25

NAME: _____

ADDRESS: _____ POSTAL CODE: _____

TELEPHONE: _____ OTHER/cell: _____

EMAIL: _____

I would be interested in the following activities:

Horse handling _____ Side walking _____

Work parties Yes _____ No _____

Fundraising Yes _____ No _____

Signature: _____

Date: _____ Membership Fee paid (\$10) _____

*Payments can be made by cash, cheque or e-transfer to prtra@shawbiz.ca.
Please circle payment method. Thank you.*

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



POWELL RIVER THERAPEUTIC RIDING ASSOCIATION

4356 Myrtle Ave
POWELL RIVER, BC, V8A 0T2
Tel: 604 485-0177
Fax: 604 485-0178
BN 891519449 RR0001