

LONGLEAF TRACE TRAIL RIDERS

“AN EQUINE FRIENDS OF LONGLEAF TRACE ORGANIZATION”

MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

_____ \$25 Membership and ID tag

_____ \$5 Each Additional ID tag for Spouse/Child

Spouse: _____

Child Name: _____

Child Name: _____

_____ TOTAL

_____ Cash ___ Check # _____ Make checks payable to Longleaf Trace

Mailing Address: Paige Strickland
Secretary, Longleaf Equine Trail Riders
94 Bowman Rd
Sumrall, MS 39482

Annual donation for calendar year 2007. Contribution is tax deductible.