

NEWTOWN BRIDLE LANDS ASSOCIATION, INC. MEMBERSHIP APPLICATION

INDIVIDUAL MEMBERSHIP- \$45.00 NEW__ RENEWAL __

Your First and Last Name:

Phone:

Email:

Street Address:

City:

State:

ZIP Code:

FAMILY MEMBERSHIP- \$75.00 NEW__ RENEWAL __
(IMMEDIATE FAMILY MEMBERS AT SAME ADDRESS ONLY – SPOUSE, PARTNER, CHILDREN)

Your First and Last Name:

Phone:

Email:

Street Address:

City:

State:

ZIP Code:

Spouse/Partner First and Last Name:

Spouse Partner Email: (if they want to receive emails from us)

#1 Child's First and Last Name:

#1 Child DOB if under 18:

#2 Child's First and Last Name:

#2 Child DOB if under 18:

#3 Child's First and Last Name:

#3 Child DOB if under 18:

#4 Child's First and Last Name:

#4 Child DOB if under 18:

**PLEASE SUBMIT A SEPARATE RELEASE OF LIABILITY FORM FOR EACH RIDER. GUARDIAN
SIGNS FOR MINORS UNDER 18**

QUESTIONS?

EMAIL NEWTOWNHORSES@GMAIL.COM

Newtown Bridle Lands Association - PO Box 3083- Newtown, CT 06470-3083

www.nblact.com

PLEASE JOIN OUR FACEBOOK GROUP!