



FLORIDA CRACKER TRAIL ASSOCIATION

"Keeping History Alive"

MEMBERSHIP APPLICATION

Membership in the FCTA is mandatory to participate in any FCTA events. Membership runs the calendar year from January through December 31st. Please choose the TYPE OF MEMBERSHIP by Household that best suits you. A household is defined as immediate family members and/or significant others residing at the same address.

_____ New membership _____ Renewal
_____ Single Adult \$ 25.00 _____ Couple \$ 35.00 _____ Family \$35.00

MEMBER NAME: _____ Birth Date: _____

E-mail Address: _____

The FCTA will communicate with our members through E-mail and our website: www.crackertrail.org
Please check here: _____ if you would also like to receive information via regular mail.

Mailing Address

City	State	Zip	County
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Home Phone: _____ Work Phone: _____ Cell Phone: _____

What years have you ridden on Annual Ride? _____

EMERGENCY CONTACT AND PHONE NUMBER: _____

FAMILY MEMBER(S):

Spouse or Significant Other: _____ Birth Date: _____

NOTE: Parent or Guardian must accompany minor children under the age of 18.

Minor 1: _____ Relation: _____ Birth Date: _____

Minor 2: _____ Relation: _____ Birth Date: _____

Minor 3: _____ Relation: _____ Birth Date: _____

Minor 4: _____ Relation: _____ Birth Date: _____

WARNING: Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities. (Florida Statutes 773.01-773.05)

Initials in acknowledgment of Membership Form: _____

{MUST initial above for the Ride Registration Form to be valid}

Make checks payable to: Florida Cracker Trail Association or FCTA.
MAIL TO: FCTA- Secretary; 11932 Helicon Avenue Port Charlotte, FL 33981
Questions? Email: fctasecretary@gmail.com