

For Office Use Only:
 Date Rec'd _____
 Chk # or Cash (\$) _____
 Amount \$ _____
 DB entered? _____
 Date deposited _____

UMECRA



PERSEVERE

**UPPER MIDWEST ENDURANCE AND
 COMPETITIVE RIDE ASSOCIATION
 MEMBERSHIP FORM**

Membership year: _____

CIRCLE ONE:

**Single \$ 25 Family* \$35 - electronic newsletter
 Single Junior - \$10 – Electronic newsletter**

If you do **WANT** a hard copy of the newsletter sent to you- please check this box and add \$10

If you **WANT** a hard copy of the Ride book sent to you- please check this box and add \$10

If you do **NOT** want your name and contact info in the membership book, check this box:

Ride book is available for free by downloading the PDF file at www.umecra.com on the schedule page

 Check one: **RENEWAL** _____ **NEW MEMBERSHP** _____

***Family memberships shall consist of one or more related, or coupled as significant other, adults, and/or children of such adults who are less than 18 years of age, all of whom reside in the same household.**

Please include all names of eligible family members.
PLEASE PRINT CLEARLY and LEGIBLY!

Date: _____

AERC MEMBER NUMBER(s) (if applicable): _____

AERC HORSE NUMBER(s) (if applicable): _____

UMECRA MEMBERSHIP NUMBER(S): _____

Name(s): _____

Address: _____

City, State, Zip: _____

Phone number (s): _____

Email: _____

Please mail completed form along with check made out to UMECRA to:

Deb Moe - Treasurer
 2632 County Road G
 Emerald, WI 54013