

NATIONAL PONY EXPRESS ASSOCIATION, INC P.O. Box 1643 Minden, NV 89423 Membership Application for 2016



Please print legibly. Fill in all spaces to the best of your knowledge.

NAME	DATE OF BIRTH//
ADDRESS	
	STATEZIP CODE
HOME PHONE (BU	USINESS/CELL PHONE ()
E-mail ADDRESS	
Will you participate in the Annual Re-Ride? Y	N Special Events? (Parades, etc.) Y N
Year joined the NPEA:	First year as a Rider:
• •	this year: $5 - 10 - 15 - 20 - 25 - 30$ ing this year: $10 - 15 - 20 - 25 - 30$
Indicate ride captain/section preference	ed to ride in another section that is in need of riders.)
FULL MEMBERSHIP \$30.00	ASSOCIATE MEMBERSHIP (Non-Rider) \$15.00
EVERY RIDER MUST FILL OU	tider & \$20 Each Additional Rider Please note: UT A SEPARATE FORM AND SUBMIT TOGETHER!!!
ACTIVE DUTY MILITARY MEMBI	ERSHIP \$0.00 (Must provide proof.)
Please make all checks paya	able to: NPEA NEVADA DIVISION
abide by the National Pony Express Association	ony Express Oath prior to their ride and must promise to and Nevada Division by-laws and rules relevant to horses and equipment may be inspected by any Board und unsafe.
Signature	Date
Signature of Parent/Guardian (Any applicant 14 through 17 years old mu	Date
membership application.)	