

## **Membership Application** (please print legibly)

Spouse:

Date of Birth_	Age	Year J	oined NPEA: t authorizing participation
(Ages 12 and	waiving the Association of resp	onsibility in case	of accident or injury)
Email Address:			
Mailing Address:			
City:		State:	Zip:
Home Phone:	, , ,	Cell Phone:	
Business Phone:			
Membership Fees :	New Full Membership \$ Renewal Membership \$ Make Check P	30 (Nation	
abide by all Nationa code. For safety pu be disqualified if for Revenue Code 501 Any applicant between	al Pony Express Association rposes, horses and equipout und unsafe. Your member (c)(3). A separate signer	on, Inc. rules no ment may be in rship dues are d liability wait shall provide	oath prior to their ride and will elevant to equipment and dress aspected by Ride Captain and tax deductible by the Internal ver form is also required. written permission from a parent sociation or its Divisions.
Signature:			Date:
MOST. THROUGH			Date:
10_22			

Name: