

NORTH TEXAS WHIP MEMBERSHIP APPLICATION

Membership dues run from by March 1st through February 28th
Prorated by half after August 1st each year.

Please indicate if you are a new or renewing member: New Member Renewing Member

First Name: _____ Last Name: _____

If family membership, additional members: _____

Street or P.O. Box: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

(Newsletters, special announcements and communications are sent via e-mail)

I do not have Internet access or wish Internet correspondence, please send newsletters via USPS.

Type/Breed of driving equine: _____

Membership Level:

\$15/Junior (under 18 years) \$20/Individual (1 vote) \$25/Family (2 votes)

Are you a member of the ADS? Yes No ADS # _____

Are you a member of the CAA? Yes No CAA # _____

(This information is required for our affiliation with the CAA/ADS and is used for no other purpose.)

The **North Texas Whip** is an affiliate of the American Driving Society and a chapter of the Carriage Association of America, and is dedicated to the safety, education, and enjoyment of driving horses for pleasure or competition. Membership benefits include a monthly newsletter, group activities, educational seminars, driving events, and voting rights within the club.

"I hereby release the **North Texas Whip**, its officers and members from any liability and all claims of every kind (including costs, expenses, or attorney fees) that might result from damages, injuries or losses to my person or property during, or in connection with, any show, clinic, event or functions, whether or not such damages, injuries, losses result directly from the negligent act of omissions of the officers or members of the **North Texas Whip**. I understand that under Texas Law (Chapter 87, Civil Practice and Remedies Code), an 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."

Signatures (if Junior, parent or legal guardian): _____

Please check the activities which interest you: Recreational Drives Camping/Trail Drives

Distance Driving CDE, HDT & ADT Pleasure Shows Volunteering Parades

Educational Seminars Driving Play Days Lessons/Clinics Committees

Other _____

Please make your check payable to NORTH TEXAS WHIP and mail it along with this application to:

NTW Membership c/o Janie Amdal, 524 W Main St, Crowley, TX 76036

FOR OFFICE USE ONLY

Processed: _____ Amount: _____ Year: _____ LastName _____