

FLORIDA CRACKER TRAIL ASSOCIATION (FCTA) MEMBERSHIP APPLICATION

Membership in the FCTA is mandatory and 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 _____ \$5.00 Late Fee
 _____ Single Adult - \$ 25.00 _____ Couple - \$ 35.00 _____ Family - \$ 35.00

MEMBER NAME: _____

E-mail Address: _____

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

Mailing Address

City State Zip County

Home Phone with Area Code: _____ Cell Number: _____

Birth Date: _____ Facebook Name: _____

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)

Member's Signature: _____ Date: _____

Make checks payable to: Florida Cracker Trail Association or FCTA

Mail to: FCTA-Ride Secretary, 15305 S.W. 260 Street, Homestead, FL 33032-6209