

# CAROLINA MARSH TACKY ASSOCIATION MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

### TYPE OF MEMBERSHIP:

**LIFETIME**  **\$250.00**     
 **FAMILY**  **\$50.00**     
 **SINGLE**  **\$40.00**

### MEMBERSHIP NUMBER:

Name:

Phone:

Current address:

City:

State:

ZIP Code:

## OTHER INFORMATION

Cell Phone:

E-mail:

Fax:

## EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

## SPOUSE INFORMATION IF FAMILY MEMBERSHIP

Name:

Phone/Email:

## CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name

Name

Name

Name

## SIGNATURES

Signature of applicant:

Date:

Signature of spouse *(only if for a joint membership):*

Date:

If joint membership name of person to have voting privileges

Name:

### AREAS OF INTEREST:

- |  |   |
|--|---|
| <input type="checkbox"/> Ranch Work          | <input type="checkbox"/> Reenactment Riding |
| <input type="checkbox"/> Racing              | <input type="checkbox"/> Other: Please list |
| <input type="checkbox"/> Showing             | <input type="checkbox"/> Horseback Hunting  |
| <input type="checkbox"/> Recreational Riding | <input type="checkbox"/> Barrel Racing      |
| <input type="checkbox"/> Rodeo Competition   |   |
| <input type="checkbox"/> Cutting Competition |   |

If you would like to receive the *Carolina Marsh Tacky Association* Newsletter via email vs. regular mail please check here:

VOLUNTEER AREAS OF INTEREST: Please list



Mail Application and check payable to:  
 CMTA  
 P.O. Box 1447  
 Hollywood, SC 29449

For Office Use Only

Method of Payment: Check No. \_\_\_\_\_; Cash \_\_\_\_\_.