

SOUTHERN MARYLAND TRAIL RIDERS, INC. (www.smtr.org)

MEMBERSHIP APPLICATION FOR YEAR _____

New **Renewal** (Circle One) Please complete all information, even if this is a renewal.
Renewals due Jan 1: delinquent after Feb 28. To be a member in good standing, your dues must be paid by Feb 28
Family Membership = TWO Adults plus unlimited dependents under 18 (youth) or age 23 if still in school.
Date of Application _____

Primary member information: *(Member contact information is not shared.)*

Note: Email addresses will be used for sending out flyers, newsletters, council nominations and voting.
SMTR hopes to also use this information in the future to accept payments electronically.

Last Name: _____ First Name _____
Address: _____
City: _____ State: _____ Zip code: _____
Cell Phone No. _____ Home Phone No. _____
Primary E-Mail: _____

Additional member information:

Name _____ Age _____
Email if over 18 years old: _____
Name _____ Age _____
Email if over 18 years old: _____
Name _____ Age _____
Email if over 18 years old: _____
Name _____ Age _____
Email if over 18 years old: _____

If you have additional youth family members living at your address, please list them on reverse side of form and check here: _____

Yes, I wish to help by:

Hosting a Trail Ride _____ Committee(s) _____ Cook or serve Food for a Ride _____
Hosting a General Meeting _____ Working Registration at a ride _____ Other _____

ANNUAL MEMBERSHIP TYPE (circle one): **Individual - \$20** **Family - \$30**

FOUNDING MEMBERS ONLY: **Charter Individual - \$8** **Charter Family - \$18**

Applications will not be accepted without payment of dues in full. There is a \$20.00 returned check fee.

Please mail application and payment to:

Southern Maryland Trail Riders, Inc. P.O. Box 518 LaPlata, Md. 20646

Approved _____ Denied _____ on Date: _____ Presidents Signature _____