

CTRA 2025 **MEMBERSHIP APPLICATION**

Please print all information below clearly.

Your Name and Spouse/Partner's Name (If family or J	joint members	ship)		
Children's names & ages - (17 yrs. and under if fami	ily membershi	p)		
Mailing Address				
Mailing Address		State	7in code	
Town Contact phone # ()		state	21p code	
PLEASE PROVIDE E-MAIL				
Preferred choice of notifications - Check one	Email	Mail	Facebook	_
FOR RENEWALS ONLY LOT #	& STALLS	#		
Do you own a horse(s) Do you lease (w	zritten lease)	a horse (s)		
How did you hear of CTRA (new members) Member	Facebook	Website	Other (explain)	
Initiation Fee (New memberships o			(enplant)	
Family Membership				
Single Membership(18 yrs. and Over				
Joint Membership (with no depende				
(**) Camp Lot Fee				
(**) Stall Fee (each stall)				
NOTE FOR RENEWALS: Renewal are due January			ership dues and lot fees by MARCI	H 1ST in
order to hold your camp lot. In order to keep your lot your				
must be on one of the 6 camp function weekends, which ar				
Auction/BBQ weekend, Labor Day weekend and CTRA Box	ardman Memori	ial Trail Ride V	Veekend.	,
(*NOTE) Memberships allowed to lapse more than 90 da				e
initiation fee for reinstatement Per Article IV – Dues	,	<u></u> ,	ı	
(**NOTE) Camp lot fees and stall fees are only payable o	nce a member h	as been assigne	ed a lot or stall. New members must	t request
their name be added to the lot/stall (waiting) list to be con-				
charge of the lot/stall list and assigning lots/stalls to member	ers.		-	
\$INITIATION FEE (New m	emberships, I	Fee in additio	n to membership Dues or see*.	NOTE)
\$FAMILY MEMBERSHIP	_		_	,
\$SINGLE MEMBERSHIP				
\$ JOINT MEMBERSHIP				
\$CAMP LOT FEE ** (renew	al only)			
\$STALL FEE **(renewal on	ly)			
\$TOTAL AMOUNT DUE (DATE	SUBMITTED	
I acknowledge that I am riding at my own risk and shall ass				o claim
against the Connecticut Trail Rides Association, Inc. any m				
permitted to pass for any damage, or injury, or loss which n	nay occur to my	self, my horse,	any vehicle or other article which I	may send
with my horse. In addition, I acknowledge that I am respon				
I (we) assume and accept full responsibility for damages do				
and all land on which I (we) ride/camp. I agree to make no				
officer for any damage caused by fire, theft or vandalism to	myself, guests a	nd or my/their	possessions while they or myself ar	e on
lands owned by CTRA.			ъ.	
Signature:			Date:	_
Spouse's Signature			Date:	_
Spouse's SignaturePLEASE MAKE CHECKS PAYABLE TO <u>C.T.R.A.</u>	AND MAIL	TO: CTRAT	reasurer, Ruth Strontzer,	
N. 1 1	433 3		Road, Haddam, CT 06438	0515
Membership questions: Ruth Strontzer (475) 238-5887	All othe	r questions: P	resident Debra Sommers (203)-623-	-8512