

Maine Combined Training Association Membership Form



Membership year is Jan 1 thru Dec 31.

I want to: Renew my membership___ New membership___

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail address: _____

Membership and payment must be received by membership treasurer prior to competition for points earned to be counted towards year end awards.

Individual

By check: ___ \$40 JR___ SR___ 40 or over? Circle Y or N

By PayPal: ___ \$41.50 JR___ SR___ 40 or over? Circle Y or N

Family *(two or more in the same home)*

By check: ___ \$50

By PayPal: ___ \$52

Please list members below: (add another sheet, if necessary)

_____ JR___ SR___ 40+___

_____ JR___ SR___ 40+___

_____ JR___ SR___ 40+___

At what level do you ride? _____

What benefits or services would you like to get from MeCTA this year?

I would like to volunteer to help MeCTA. Contact me for volunteering at:

___Clinics ___Events ___Annual dinner ___Board ___other (please specify)

PayPal: paypal.me/MeCTA

Checks payable to: MeCTA

Please do not mail cash

Return to: Taylor Ginn
308 A Swamp Road
Durham, ME 04222

tayginn3@gmail.com