

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.

If paid before April 1. For membership after April 1, **please add \$10.**

Individual

By check: ___ \$30 JR___ SR___ 40 or over? Circle Y or N

By PayPal: ___ \$31.50 JR___ SR___ 40 or over? Circle Y or N

Family (two or more in the same home)

By check: ___\$40

By PayPal: ___ \$42

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

tayginn3@gmail.com

308 A Swamp Road

Durham, ME 04222