

ACTRA Membership Renewal

Print page and **mail to**: Frannie Croken, 188 Route 243 RR3 Greenvale, PE C0A1N0

Or scan and email along with etransfer to: members@atlanticriders.ca

~ *Fees must accompany registration form to be valid* ~

Please Indicate:

Single

Family

Name: _____ ACTRA # _____

Spouse/Partner: _____ ACTRA# _____

Family Members (*BETWEEN 16 yrs & 19 yrs of age as of Nov. 1 of the current ride season.*)

Name: _____ ACTRA# _____

Name: _____ ACTRA# _____

JUNIOR RIDERS IN FAMILY (*UNDER 16 yrs as of Nov. 1 of the current ride season.*)

Name: _____ ACTRA# _____

Name: _____ ACTRA# _____

IF your contact information has **changed, please provide your current information:**

Mailing Address: _____

Email Address: _____

Home Phone: _____ Cell: _____ Other: _____

FEES:

Single: \$20.00

Family: \$30.00

\$ _____ **TOTAL SUBMITTED**

Please make cheques payable to Atlantic Canadian Trail Riding Association

~ *A Family consists of 2 adults (parents) & up to 2 children under 19 years that reside at the same address* ~

~ *Yearly membership runs from November 1st to October 31st* ~