



TETRA Membership Application



New _____ Renewal _____

| | |
|---|-------------------------|
| Dues: One year \$25.00 (Individual) _____ | \$30.00 (Family) _____ |
| Two year \$47.50 (Individual) _____ | \$57.00 (Family) _____ |
| Five year \$112.50 (Individual) _____ | \$135.00 (Family) _____ |
| Ten year \$212.50 (Individual) _____ | \$255.00 (Family) _____ |

Name: _____ Spouse's Name: _____

Children under 19 years old names: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ - _____ Cell Phone #: (____) _____ - _____

Email Address: _____

Referred By: _____

I / We understand the inherent risk involved in riding and working around horses, which risks include serious bodily injury or death from using, riding or being in close proximity to horses, among other risks, and further, that both horse and rider can be injured in normal use or in competition and schooling.

Signature _____ Date _____

[Click Here to Submit and Pay on line](#)



Checks & PayPal Accepted

By Mail: Please remit Membership application and check to:

TETRA, P.O. Box #655, Springtown, Tex 76082

(TETRA is a recognized 501(c)(3) Organization.

All donations are deductible to the extent allowed by law.)