



## FLORIDA TRAIL BLAZERS INC. MEMBERSHIP APPLICATION

Dedicated to the Creation and Preservation of Equestrian Trails

Single Membership \$20/year \_\_\_\_\_

New

Family Membership \$30/year \_\_\_\_\_

Renewal

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I hereby volunteer as a member of Florida Trail Blazers, Inc. to assist in preserving our existing trails and developing new ones on state lands.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DON'T FORGET TO FILL OUT THE RELEASE FORM!**