

MEMBERSHIP FORM/ PLEASE DOWNLOAD AND SEND IN WITH MEMBERSHIP

RIDE NIPOMO EQUESTRIAN TRAILS ALLIANCE

**Please complete the following and send with your check
made payable to Ride Nipomo to:**

Ride Nipomo

P.O. Box 1738

Nipomo Ca. 93444



Or call 805-440-6648

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Contact me by email _____ **or phone** _____

New Member _____ **Renewing Member** _____ **Individual (\$15)** _____ **Family (\$25)** _____

Donation _____

1. **I can help with Fundraising events** _____
2. **Would like to host a RN event at my home** _____
3. **I can make phone calls** _____
4. **I would like to help organize monthly rides and campouts** _____
5. **I will assemble snail mail** _____
6. **I will help with cleanups** _____
7. **I would like to be included in board meetings to learn about becoming a board member** _____
8. **I would like to be a contact to new members and riders** _____
9. **My phone/email/name maybe posted for members to reach me** _____
10. **I can offer this service/talent to Ride Nipomo** _____
11. **I own and can operate weed eaters, hoes, shovels** _____