



MEMBERSHIP APPLICATION

ELIGIBILITY

Individuals eligible to apply for membership with SARI Therapeutic Riding are persons who, within the preceding year have been either a client of a program offered by the Corporation, a parent or guardian of a client, a volunteer, donors, sponsors over \$100.00, or as approved by the Board.

NAME: _____

ADDRESS: _____

City & Province: _____

Postal Code: _____

PHONE #: _____

EMAIL: _____

AFFILIATION WITH SARI: _____

SIGNATURE: _____

DATE: _____