

Membership Form



<http://www.epai.org>

Name(s): _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Ponies: Number: _____

Breed(s): _____

Sex(s): _____

Age(s): _____

Horses: Number: _____

Breed(s): _____

Sex(s): _____

Age(s): _____

Interests

(please circle all that apply):

SHOWING

EVENTING / HORSE

TRIALS/COMBINED

TRAINING

DRESSAGE

DISTANCE RIDING

WORKING HUNTER

WESTERN / GYMKHANA

DRIVING

LETREC

Membership Information:

P.O. Box 1517

Litchfield, CT 06759 USA

Phone: 860-672-2343

Fax: 860-567-5537

Email: epaiinfo@exmoorpony.com

Annual: \$50.00 (US)

Lifetime: \$1000.00 (US)

Please pay to: "Exmoor Pony Assoc. International"

THANK YOU FOR YOUR SUPPORT

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