



TETRA Membership Application



New _____ Renewal _____

Annual Dues: \$20.00 (Single) _____ \$25.00 (Family) _____

Name: _____ Spouse's Name: _____

Children under 21 years old names: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

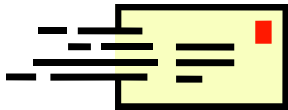
Email Address: _____

Referred By: _____

How do you prefer to receive your TETRA Talks

Newsletter

by:



Mail _____

or

Email _____

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](#)



Credit/Debit Cards, e-checks & PayPal Accepted

By Mail: Please remit Membership application and check to:

Ellen Farnum P.O. Box 200314 , Austin, Tx 78720

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

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