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2009 WINTER EQUESTRIAN FESTIVAL MEMBERSHIP FORM

Type of Membership: Individual (\$50) _____ Family/Farm (\$70) _____ WEF # _____

Owner's Name: _____

USEF # _____ ASPCA # _____ DOB ____/____/____

Social Security# _____ Corporate Tax ID No. _____

Mailing Address: _____

City/State: _____ Zip: _____

Telephone: _____ Email : _____

Please Make Check Payable to ESP or Equestrian Sport Productions.