



**ARKANSAS TRAIL RIDERS ASSOCIATION, INC.
MILEAGE AWARDS PROGRAM ENROLLMENT FORM**

Renewal due January 1 each year

Rider Name: _____

Address: _____

City _____ State ____ Zip _____

Phone _____ E-Mail _____

Rider Fee Enclosed (\$4.00) _____

Signature _____ Date _____

Please mark New _____ Renewal _____

.....
Horse's Name _____

Breed and/or Registration Number _____

Color or Horse _____ Age _____ Sex _____ Height _____

If different from rider:

Owner/Leasor _____

Address _____

Horse Fee Enclosed (\$3.00) _____

Signature _____ Date _____

Please mark New _____ Renewal _____

Mail application with check payable to: **ATRA**

or

Arkansas Trail Riders Assoc. Inc.

Mail application & checks to ATRA Treasurer:
Denise Morton, 803 Kamak Drive, Beebe, AR 72012