

MAINE COMBINED TRAINING ASSOCIATION



MEMBERSHIP FORM

___ I want to renew my membership; ___ New Membership

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____

E-Mail Address: _____

___ \$15 Individual JR ___ SR ___

___ \$20 Family - please list members below:(add another sheet, if necessary)

_____ JR ___ SR ___

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_____ JR ___ SR ___

_____ JR ___ SR ___

At what level do you ride? _____

What benefits or services would you like to get from MeCTA this year?

I would like to volunteer to help MeCTA. Contact me for volunteering at:
___ Clinics ___ Events ___ Annual dinner ___ other (please specify)

*Make checks payable to **MeCTA***

Return to: Barb Witham, 61 Birch Lawn Drive, Lamoine, ME 04605
phone: 207-667-6070 fax: 207-667-3865
e-mail: bwitham@adelphia.net

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