MEMBERSHIP/RENEWAL FORM
INDIANA EQUINE FOUNDATION

Membership runs from Jan 1st - Dec 31st

Membership Year: _____

All prospective members of IEF are required to complete this registration form. Indicate any changes;

☐ **NEW MEMBERSHIP** ☐ **RENEWAL** ☐ **Changes for directory?**

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	☐Mr ☐Mrs ☐Miss ☐Ms		
NAME			
ADDRESS 1		**MAIN TELEPHONE**	
ADDRESS 2		**WORK TELEPHONE (if different)**	
ADDRESS 3		**HOME TELEPHONE**	
TOWN/CITY		**MOBILE PHONE**	
ZIP CODE		**PRIMARY EMAIL**	
JOB TITLE:		**SECONDARY EMAIL**	

***Star the e-mail and phone number you would like listed in the directory**

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION		MEMBERSHIP DUES (Annual)	Please Check
FULL	Full Membership		$20.	
FAMILY	Full Family Membership		$40	
STUDENT/RETIRED	Full time students and Retired Members		$10	
ASSOCIATE/ BUSINESS	Associate membership is open to all who share IEF's objectives or wish to help advance them but cannot become full members (restricted from voting, holding office or chairing committees)		$30	
INSURANCE	Insurance through EQUISURE	Single	$25	
	Insurance through EQUISURE	Family	$50	
ON THE BIT	Quarterly Print Copy of OTB Magazine with a FREE digital subscription		$28.80	
PAYMENT METHOD	☐ Institutional Check ☐ Personal Check ☐ Cash			

SECTION 3: MEMBER INFORMATION

OCCUPATION /JOB TITLE:

Member of other Equine Organizations ☐ Yes ☐ No Please list:

Equine Discipline/Interests:

Please indicate if you would be willing to **serve on a committee**:

☐ Yes ☐ Not at this time

Is there a specific committee you would like to serve on? _____

Permission to use photographic images:

Photographs of IEF members may be used in various IEF communications incl. the newsletter and website. Group photographs taken at IEF events may be used without identifying individual members. For individual photographs, please indicate your permission for use:

_____ IEF has my permission to use and identify photographs of me.

_____ IEF does not have permission to use and identify photographs of me.

_____ IEF must contact me before using any identified photographs of me in IEF communications.

Signature:_____ **Date:**_____

VENMO: @Indiana-EquineFoundation **To pay by check:** Send a check made payable to IEF to:

Nick Schmutte
1675 N CR 600 E
Avon, Indiana 46123

Phone 317-850-9831-Regardless of payment method used, please make sure to **send a copy of your membership form** with payment.