



MEMBERSHIP/RENEWAL FORM INDIANA EQUINE FOUNDATION

All prospective members of IEF are required to complete this registration form. Indicate any changes; Membership runs from Jan 1st-Dec 31st. **NEW MEMBERSHIP** **RENEWAL** **Changes for directory?**

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> 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.	
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	\$20	
	Insurance through EQUISURE Family	\$40	
ON THE BIT	Quarterly Print Copy of OTB Magazine with a FREE digital subscription	\$28.80	
PAYMENT METHOD	<input type="checkbox"/> Institutional Check <input type="checkbox"/> Personal Check <input type="checkbox"/> Cash		

SECTION 3: MEMBER INFORMATION

OCCUPATION /JOB TITLE:
Member of other Equine Organizations <input type="checkbox"/> Yes <input type="checkbox"/> No Please list:
Equine Discipline Interests:
Please indicate if you would be willing to serve on a committee: <input type="checkbox"/> Yes <input type="checkbox"/> 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:** _____

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.