



TRAIL RIDER MEMBERSHIP YEAR _____

Premier Mount N Trail Members # _____

(Assigned by PMT)

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Youth Date of Birth _____/_____/_____

- \$25.00 Youth Annual Membership

- \$30.00 Adult Annual Membership

Total \$ _____

This membership is for those who only are turning in hours for the ride program. If a member decides to show at the MT Trail Challenge, the membership will need to be upgraded to a showing membership.

*\$ 5.00 additional upgrade cost for a Youth Membership.
\$ 10.00 additional upgrade cost for an Adult Membership.*

List Horse Names

Signature _____ Date _____

Parent/Guardian _____ Date _____

Make Checks Payable to: Premier Mount N Trail (PMT)

Return to: 1674 State Rd, Cuyahoga Falls, OH 44223

Facebook: [Premier Mount N Trail](#)

Webpage: [premiermountntrail.com](#)

