

# Centered Riding<sup>®</sup>, Inc.

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## 2012 RENEWAL – DUE APRIL 1

Name \_\_\_\_\_  
First Middle (if desired) Last Name(s) (Hyphenate or circle which name for Directory)

Address \_\_\_\_\_  
\_\_\_\_\_

Country (if not USA) \_\_\_\_\_

Email: \_\_\_\_\_ Telephone (incl. country code) \_\_\_\_\_

Membership Type:  Rider  Supporting Cell Phone \_\_\_\_\_

The information above represents a change to my personal information.

I have checked my information carefully and there are no changes to my information. **\*\* IT IS IMPORTANT THAT YOU PROVIDE US WITH A CURRENT EMAIL ADDRESS IF YOU RECEIVE THE NEWSLETTER VIA EMAIL\*\***

### 1) PAYMENT OF MEMBERSHIP DUES

PLEASE PUT AMOUNT FROM TABLE I HERE \$ \_\_\_\_\_

**TABLE 1 - MEMBERSHIP DUES FOR ALL MEMBERS FROM ANY COUNTRY**

<b>Note:</b> Family Members - two or more family members - same address Junior Member - under the age of 18 (please list DOB below) Junior Date of Birth:	U.S. /Canadian Adult Member	Adult Member from all other countries	U.S / Canadian Jr. Member or per each Family Member	Other Countries Jr. Member or per each Family Member
	\$35.00	\$40.00	\$25.00	\$30.00 each

2) PRINTED DOCUMENT SURCHARGE (PLEASE PUT AMOUNT FROM TABLE 2 HERE) \$ \_\_\_\_\_

**\*\*NOTE: IF NO AMOUNT IS INCLUDED – YOU WILL RECEIVE NEWSLETTER VIA EMAIL\*\***

**TABLE 2 - PRINTED DOCUMENTS SURCHARGE**

	U.S. Member	Member from Canada or Mexico	Member from Any Other Country
Centered Riding Newsletter via email	0	0	0
Centered Riding Newsletter via "snail mail"	\$15.00	\$16.00	\$20.00

3) PRINTED DIRECTORY- \$15 ADDITIONAL U.S. & CANADA / \$20 ALL OTHERS

I WISH TO HAVE A PRINTED DIRECTORY \$ \_\_\_\_\_

4) ADDITIONAL DONATION ON BEHALF OF CENTERED RIDING \$ \_\_\_\_\_

**TABLE 3 – PLEASE SPECIFY HOW YOUR GIFT SHOULD BE APPLIED**

I would like my tax-deductible contribution to be applied as follows:

\_\_\_ Centered Riding, Inc. in the amount of \_\_\_ \$10 \_\_\_ \$25 \_\_\_ \$50 \_\_\_ Other \$ \_\_\_\_\_

\_\_\_ Sally Swift Scholarship Fund in the amount of \_\_\_ \$10 \_\_\_ \$25 \_\_\_ \$50 \_\_\_ Other \$ \_\_\_\_\_

\_\_\_ Centered Riding Education Fund in the amount of \_\_\_ \$10 \_\_\_ \$25 \_\_\_ \$50 \_\_\_ Other \$ \_\_\_\_\_

TOTAL PAYMENT MADE WITH THIS RENEWAL \$ \_\_\_\_\_

Go to [www.centeredriding.org](http://www.centeredriding.org) to renew on-line using PayPal OR

PAYMENT BY CHECK (written on U.S. Banks only) OR

PAYMENT BY CREDIT CARD (American Express/ Discover not accepted)

CC# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_