

BRONC MEMBERSHIP FORM

Date ____/____/____

Name of business and type (LLC, Inc, etc.): **Website** (if available)

Address of Business (no P.O. Boxes): **Email address** (for BRONC newsletter)

Mailing address (if different than business location):

Contact person (owner or business manager): **Phone number** (for BRONC contact)

Owner of business (if different than contact person):

Check those that apply to your business operation:

- | | |
|---|---|
| <input type="checkbox"/> Rehab | <input type="checkbox"/> Tack & Equipment |
| <input type="checkbox"/> Training | <input type="checkbox"/> Riding Camps |
| <input type="checkbox"/> Breeding | <input type="checkbox"/> Horse Rentals |
| <input type="checkbox"/> Horse Clinics | <input type="checkbox"/> Therapeutic Riding |
| <input type="checkbox"/> Riding School/ Lessons | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Horse Boarding | <input type="checkbox"/> Trail Rides |
| <input type="checkbox"/> Horse Sales | <input type="checkbox"/> Trail Courses/ Obstacles |

Which equine disciplines, if any do you participate in?

What current equine related memberships, if any, do you hold?

What current equine certifications, if any, do you hold?

What are your expectations in joining BRONC?

Membership Accepted ____ **Denied** ____ **Membership Date** ____/____/____