



Carolina Marsh Tacky Association Membership Application

Mail Application with check payable to: CMTA, PO Box 1447, Hollywood, SC 29449

| Type | New Membership | Renewal | S/H * | | Shirt Size(s) |
|---|--------------------------------|------------------|--------------|-----------------------|----------------------------|
| Lifetime | 1 CMTA t-shirt & window decal | N/A | \$250.00 | \$7.00 | S M L XL 2XL |
| Family | 2 CMTA t-shirts & window decal | 2 CMTA t-shirts | \$50.00 | \$14.00 | S M L XL 2XL |
| Single | 1 CMTA t-shirt & window decal | 1 CMTA t-shirt | \$40.00 | \$7.00 | S M L XL 2XL |
| * Mailed or Online Renewals should include \$7.00 s/h per shirt. | | | | | <i>For Office Use Only</i> |
| Membership No: | | Amount Enclosed: | | Payment Method | |
| Do you own one or more Marsh Tackies: ____ YES ____ NO | | | | | Rcvd by: Chk # |
| | | | | | Rcvd by: Cash |
| AREAS of INTEREST and COMMITTEES | | | | | |
| <p>We encourage all members to volunteer for one or more committees. The association's success depends completely upon volunteers giving their time and talents to promote and preserve the Marsh Tacky. You can volunteer for as little or as much time as you wish but please volunteer.</p> <p>Committees are more efficient with an adequate number of volunteers.</p> | | | | | |
| Applicant Info: | | | | Areas of Interest: | |
| Name | | Ph # | | Recreation Riding | |
| Address | | | | Racing | |
| City | | State Zip | | Reenactment | |
| Email | | | | Hunting | |
| Spouse Info: (if Family Membership) | | | | Demonstrations | |
| Name | | Ph # | | Committees: | |
| Email | | | | Promotional Materials | |
| Children (if Membership Privileges Desired) | | | | Public Relations | |
| Name | | | | Membership | |
| Email | | | | Education | |
| Name | | | | Youth | |
| Email | | | | Special Events | |
| Name | | | | Sponsorship | |
| Email | | | | Merchandise | |
| Emergency Contact | | | Relationship | | Trail Ride |
| Name | | | | | Newsletter |
| Email | | | Ph # | | Website |
| | | | | | Legal |
| Signatures | | | | | |
| Applicant: | | | | Date: | |
| Spouse (Family Mbshp): | | | | Date: | |
| If Family membership - name of 1 person to have voting privileges: | | | | | |