



Serving the Brainerd Lakes Area Since 1992
www.mountedeagles.org info@mountedeagles.org
General Information – 218-454-3228 or 1-888-828-9920
Return form and fee to: Lynn Fairbanks
P.O. Box 566
Nisswa, MN 56468

MEMBERSHIP APPLICATION/RENEWAL

DATE _____ **NEW APPLICATION** **RENEWAL**

Membership includes participants, volunteers, parents, caregivers, board members and staff of Mounted Eagles

MEMBERSHIP LEVELS (choose one):

- ____ THOROUGHBRED \$50 (open to individual participants, volunteers, board members, staff and families)
- ____ QUARTER HORSE (Family) \$25
- ____ PONY (Individual) \$10

NAME(S): _____

ADDRESS: _____

EMAIL: _____

PHONE: _____ (WORK) _____ (HOME)

I HAVE BEEN AFFILIATED WITH MOUNTED EAGLES FOR _____ YEARS.

I AM A: PROGRAM PARTICIPANT ___ VOLUNTEER ___ BOD ___ PARENT/GUARDIAN OF PARTICIPANT ___

IF PARENT OR GUARDIAN, PLEASE GIVE PARTICIPANT'S NAME. _____

OTHER AFFILIATION (Explain) _____

PAID MEMBERSHIP ENTITLES YOU TO THE FOLLOWING BENEFITS:

- OPTION TO ATTEND REGULARLY SCHEDULED MEETINGS OF THE BOARD OF DIRECTORS
- VOTE ON ISSUES AND ELECTION OF BOARD OF DIRECTORS AT THE ANNUAL MEMBERSHIP MEETING
- ACCESS TO "MEMBERS ONLY" SECTION OF THE MOUNTED EAGLES' WEBSITE
- SATISFACTION KNOWING THAT YOUR MEMBERSHIP FEE GOES DIRECTLY TO PROGRAMMING AND MAKING SMILES ON THE FACES OF OUR PARTICIPANTS

ANNUAL MEMBERSHIP MEETING MID-APRIL OF EACH YEAR (memberships renew in April of each year)

My \$50.00 / \$25.00 / \$10.00 (circle one) Membership Fee is enclosed. CK# _____ Cash _____

FOR MOUNTED EAGLES' OFFICE USE ONLY:

DATE APPLICATION RECEIVED: _____ MEMBERSHIP FEE RECEIVED: _____
MEMBERSHIP TERM: _____

Comments: _____

.....They shall mount up with wings as eagles.....