## **Trail Use Public Membership Application**

nbers to be on PARDS pro ng	operty and to utilize the d	lisposition trails Members are
City:	Postal Co	ode:
ork Phone:	Cell Phone:	
	I	
iders MUST wear helme	ts while mounted on PAR	DS property*
This membership is for (please check one):    Public Client -\$45.00 per year    Family -\$25.00 for each additional family member per year    Please list all immediate family members residing at the above address who you wish to include in your family membership:    Name:		
ving:	Fees enclosed: Client Membership Family Membership I would like to donate	\$ \$ \$
	ng City: ork Phone: iders MUST wear helme family member per year siding at the above addre Name Name	City: Postal Co ork Phone: Cell Phone: I iders MUST wear helmets while mounted on PAR family member per year iding at the above address who you wish to includ Name: Name: ing: Fees enclosed: Client Membership Family Membership

\*\* PARDS collects, uses, or discloses personal information only to the extent necessary to meet the purpose of the creation and maintenance of current records of membership and for contacting individuals to notify of PARDS news and events. PARDS does not disclose personal information except as permitted by law. \*\*

Return to:		
PARDS Therapeutic Centre		
710009 Range Road 55		
County of Grande Prairie #1, AB T8W 3A7		
Ph (780) 538-3211 Fax (780) 538-3683		
info@pards.ca www.pards.ca		

Office use only:
Date received:
Membership Year