

Valley Therapeutic Equestrian Association

3330 256th St, Langley, BC, V4W 1Y4

Phone: 604-857-1267 Fax: 604-625-1268 Email: info@vtea.ca Website: www.vtea.ca

Membership Application

Name:	·						
Addre	ss:						
City: _		Province:		Postal	Code:		
Name	of Rider (if applicable):						
Email:			Phoi	ne Number:			
Altern	ate Phone:						
Contac	ct Person:		Relationship:				
Conta	ct Person Phone Number: _						
VTEA	Membership						
1)	VTEA fiscal year runs Aug	gust 1 to July 31					
2)	Membership fees help to cover the cost of individual liability insurance, provides voting privileges at Association meetings and eligibility for election to the Board of Directors.						
3)	One membership per family per year is required. The annual membership fee is \$15.00 and charged at the first session a client attends for each fiscal year. One vote per membership						
4)	To be eligible for voting and/or election: a) Membership renewals must be paid before the start of the Annual General Meeting b) New memberships are required to be paid in full 60 days prior to the AGM						
Payme	ent by (circle one): Cheque	e, payable to VTEA	Cash	Credit	Debit		
	e direct any inquiries regard e: 604-857-1267 E	ling VTEA membersh mail: <u>info@vtea.ca</u>	ip to the o	ffice.			
Signat	aure:			Date:			