



VALLEY THERAPEUTIC EQUESTRIAN ASSOCIATION

Membership Application

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Name of Rider if applicable: _____

Contact Person: _____ Relationship: _____

Email: _____ Phone Number: _____

Alternate Phone: _____

Number of Memberships: _____ X \$10= _____

Payment Enclosed (circle one): Cheque, payable to VTEA, Cash

Credit Card Number: _____ Expiry: _____

Signature: _____

Printed Name of Signer: _____

NOTE: Only one membership per family per year is required.
Only one vote per membership is permitted.

REGARDING: VTEA'S Annual Membership Fee

Valley Therapeutic Equestrian Association (VTEA) is a non-profit organization that provides equine therapeutic services.

VTEA collects a membership fee of \$10.00 per rider family on an annual basis. Our fiscal year runs August 1 to July 31 and fees are charged at the first session a rider attends for each fiscal year.

The \$10.00 membership fee helps to cover the costs of individual liability insurance and also provides voting privileges within the Association at our Annual General Meetings.

Please direct any inquiries regarding VTEA's membership to our office.

Phone: 604-857-1267 Email: info@vtea.ca

Mail to: 3330 – 256th Street, Aldergrove, BC V4W 1Y4