

ALEXANDRIA EQUESTRIAN ASSOCIATION

2010

The purpose of this organization is to further the mutual enjoyment that we as neighbors derive from our horses, our surroundings and our camaraderie. In our collective interest is the retention and promotion of our area's rural character.

Membership in the AEA is open to all residents within Alexandria Township, and a limited number of non-township residents. As a non-resident, you may be placed on a waiting list; priority will be granted for horses boarded within the township. As an AEA member, you will receive our newsletter.

INSURANCE REQUIREMENT:

Our best way to assure landowners that they can feel comfortable with our members riding on their land is to make personal liability insurance a requirement of AEA membership. This is easier and less expensive than it sounds!

Each member is required to carry a personal liability policy in the minimum amount of \$1,000,000.

Two options:

- 1) Check your Homeowners Policy to see if there is an equine exclusion clause. If there is not you should be covered, but please verify with your insurance company.
- 2) Join United States Equestrian Federation as a member for \$35 and receive personal liability coverage of \$1,000,000. You can join online at www.usef.org or by calling 859-258-2472.

**** Proof that you have such insurance is required either with or to follow this form in order to receive a membership tag.**

MEMBERSHIP FEES:

- Township resident: Individual \$40 or Family \$50
- Non-township resident: Individual \$80 or Family \$100
- Non-Riding Landowner.....free

\$50.00 work bond REQUIRED (refundable after 5 hours of volunteer service)

Your Name: _____

Home Address: _____

Telephone No: _____

Township of Residence: _____

Do you board in Alexandria township (YorN)? _____

If so, where _____

E-mail address: _____

Equine interests: _____

Family members (please list riders/relationship)

Each rider must provide individual membership card if using USEF

1. _____ / _____

2. _____ / _____

3. _____ / _____

Total Amount Enclosed:

(\$50 work bond) + membership fee = \$ _____

I hereby acknowledge that I have read the AEA Rules of Conduct. I agree, on behalf of myself and any family members for whom this application is made, to abide by these rules. I understand that any rule infraction by me, my family members or my guests may be grounds for membership termination. Further, I understand that horseback riding is an assumed risk activity, and I hereby release from any and all liability the Alexandria Equestrian Association, its officers, its members, landowners and agencies holding properties through which its trails pass.

Signature: _____ date: _____

Signature: _____ date: _____

Please make check payable to the AEA, and send to:

AEA Membership
C/o Maxine Alexis
P.O. Box 75
Pittstown, NJ 08867