



Membership Application

Membership runs from December 1st to November 30th.

First Name: _____ Last Name: _____

Additional Family Members: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Website: _____

Membership Level: _____ Individual (\$30) _____ Family (\$35) _____ Junior (\$10)-Birthdate _____

ADS Member _____ Yes _____ No Membership Number _____

CAA Member _____ Yes _____ No Membership information is required for ADS & CAA affiliation purposes only.

I am interested in (check all that apply):

_____ Recreational Driving _____ Pleasure Driving Shows _____ Clinics & Educational Events

_____ Endurance Driving _____ CDEs, HDTs & ADTs _____ Volunteering

Please make checks payable to **Tejas Carriage Association** and mail with application to:

Michelle Grundmann
1056 Rancho Road
Quinlan, Texas 75474

I hereby release the Tejas Carriage Association, its board and members from any liability and all claims of every kind (including costs, expenses, or attorney fees) that might result from damages, injuries or losses to my person or property during, or in connection with, any show, clinic, event or functions, whether or not such damages, injuries, losses result directly from the negligent act of omissions of the board or members of the Tejas Carriage Association. I understand that under Texas Law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Signature(s): _____

www.TejasCarriageAssociation.org