



# FLORIDA WHIPS MEMBERSHIP APPLICATION

[www.flawhips.org](http://www.flawhips.org)

All memberships renew each September 1

|                     |                                 |                                   |  |
|---------------------|---------------------------------|-----------------------------------|--|
| Member Name:        | _____                           |                                   |  |
| Farm/Business Name: | _____                           |                                   |  |
| Mailing Address:    | _____                           |                                   |  |
| City:               | State:                          | Zip:                              |  |
| Email Address:      | _____                           |                                   |  |
| Primary Phone:      | <input type="checkbox"/> Mobile | <input type="checkbox"/> Business | <input type="checkbox"/> Home <input type="checkbox"/> Other |
| Alternative Phone:  | <input type="checkbox"/> Mobile | <input type="checkbox"/> Business | <input type="checkbox"/> Home <input type="checkbox"/> Other |

| Please check which membership type:                     | Annual Dues | Notes                                |
|---|-------------|--------------------------------------|
| <input type="checkbox"/> Individual Membership          | \$ 35.00    |                                      |
| <input type="checkbox"/> Family Membership              | \$ 40.00    | Please indicate family members below |
| <input type="checkbox"/> Business / Farm / Organization | \$100.00    | Includes annual business card ad     |
| <input type="checkbox"/> Reciprocal Driving Club        | \$ 0.00     | Exchange of newsletters/information  |

| For family membership only, please list family member information (all must be living in same household) |       |                          |
|--|-------|--------------------------|
| Name   | Email | If junior, Date of Birth |
|  |       |                          |
|  |       |                          |
|  |       |                          |

| Please check which newsletter type:                | Annual Fee | Notes   |
|--|------------|---|
| <input type="checkbox"/> Online newsletter         | \$ FREE    | Newsletter provided free online with emailed notification |
| <input type="checkbox"/> Printed/Mailed newsletter | \$ 20.00   | Newsletter mailed 10x per year to mailing address above   |

### SAFETY RULES OF THE FLORIDA WHIPS, INC.

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Vehicle and harness must be serviceable and in good repair</li> <li>• Vehicles must be unhitched prior to removing reins and bridles</li> <li>• The driver must always have a whip and carry it while in motion</li> </ul> | <ul style="list-style-type: none"> <li>• Horses must have bridles on with reins attached prior to hitching to a vehicle</li> <li>• Never tie a horse or leave it unattended when hitched to a vehicle</li> <li>• Never pass another carriage at a fast trot and never drive too close to another</li> </ul> |
|---|---|

By checking this box and signing below, I acknowledge that I have read and understand the safety rules listed above, as have any family members listed as part of this membership. I further understand that under Florida law, an equine activity sponsor or equine professional is not liable for injury to, or death of, a participant in equine activities resulting from the inherent risk of equine activities. This document is meant to be a full and complete release from any and all liability that may arise from participating in Florida Whips, Inc. equine activities. This release is given freely and voluntarily by the participating members and is meant to remain in existence throughout the duration of membership.

Signature (type if electronic): \_\_\_\_\_

Date: \_\_\_\_\_

| Paper Membership Applications  | Electronic Membership Applications  |
|--|---|
| Make checks payable to: The Florida Whips, Inc.<br>Mail payment and complete, signed form to:<br>Kathie Beeson, Florida Whips Membership Director<br>7220 NW 60 <sup>th</sup> St., Chiefland FL, 32626 | Fill out form online and use Submit button - or -<br>Fill out form, save and attach to email to <a href="mailto:membership@flawhips.org">membership@flawhips.org</a><br>Pay via credit card / Paypal at <a href="http://www.flawhips.org">www.flawhips.org</a> and forward email receipt confirmation to <a href="mailto:membership@flawhips.org">membership@flawhips.org</a> |

Choose one:     Payment by check     Payment by credit card/Paypal