



Tijuana River Valley Equestrian Association  
 501(c) (3) Corporation  
[www.TRVEA.org](http://www.TRVEA.org)

Official Membership  
 Application 2020

FaceBook - [Tijuana River Valley Equestrian Association](#)  
 "Horses in Harmony with Habitat"

I/We wish to become a member(s), or renew my/our membership, in Tijuana River Valley Equestrian Association.

PRIMARY Person's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

How may we contact you? E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Text: \_\_\_\_\_ Please select **ALL** that apply

Do you wish to receive any TRVEA newsletters and announcements by E-mail? Yes: \_\_\_\_ No: \_\_\_\_

**TRVEA Yearly Membership (January 1, 2020 - December 31, 2020)**

Individual Membership (\$25) \_\_\_\_\_ Family Membership (\$45) \_\_\_\_\_ Junior\* (\$25) \_\_\_\_\_

(\*under 18; no vote; must wear helmet)

**~ALL FAMILY MEMBERS AND JUNIORS MUST RESIDE AT THE SAME ADDRESS ABOVE.**

**~IF A FAMILY MEMBER IS OVER 18 AND STILL LIVES AT HOME, MEMBER MUST FILL OUT A SEPARATE INDIVIDUAL MEMBERSHIP APPLICATION.**

**RELEASE OF LIABILITY AND INSURANCE INFORMATION**

Each signature below indicates that each person, for their self and any of their minors listed, do hereby acknowledge, understand and agree to all of the following: that working and or being around and or riding horses is dangerous and can lead to serious permanent injury and possibly death of either the horse or the person; that all persons listed understand and voluntarily agree to personally assume any and all liability and responsibility for all risk, injury, accident and or damage to any person or property; that all listed persons in addition to their respective heirs, survivors, guardians, legal representatives or assignees agree to HOLD HARMLESS, COMPLETELY RELEASE AND INDEMNIFY The Tijuana River Valley Equestrian Association, its members, officers, Board of Directors, associates, affiliates and assignees from any responsibility or liability for any and all injuries, accidents, damage or any other mishap which I, you and or any person listed here and or their horse may suffer as a result of their participation in any Club activity and furthermore, that ALL PARTIES agree that any and all controversies or claims shall be resolved solely by ARBITRATION in accordance to the rules of the American Arbitration Association; and any judgement or award shall be final. This Approval and Agreement is a requirement of membership. We agree that all membership fees paid are COMPLETELY NON-REFUNDABLE FOR ANY REASON.

**INSURANCE - ALL FAMILY MEMBERS (INCLUDING PRIMARY MEMBER) MUST HAVE A SIGNATURE BELOW - Parent/Guardian MUST sign for Minors (under 18).**

Print Name		Adult Signature	Date
1. _____	Primary Adult	X _____	_____
2. _____	Adult (or Minor + age)	X _____	_____
3. _____	Adult (or Minor + age)	X _____	_____
4. _____	Adult (or Minor + age)	X _____	_____

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**Sign Here!**

PRIMARY Person's Name: \_\_\_\_\_

**MAKE SURE YOU HAVE SIGNED ALL INSURANCE REQUIREMENTS AREAS ON PAGE 1**

**Since volunteers are an integral part of TRVEA's efforts, please answer the following questions:**

1. Do you own a horse? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, how many? \_\_\_\_\_
2. At which ranch do you board? \_\_\_\_\_
3. Do you own a horse trailer? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, how many horse can it transport? \_\_\_\_\_
4. Are you willing to transport horses for TRVEA events? (camping, trail riding, etc.) YES \_\_\_\_\_ NO \_\_\_\_\_
5. Are you willing to transport horses for emergencies? YES \_\_\_NO \_\_\_ If yes, how many can you transport \_\_\_\_\_
6. Would you like to participate in MAU (Mounted Assistance Unit) YES \_\_\_ NO \_\_\_

If you indicated "YES", your name and contact info will be sent to San Diego County Parks Dept. Volunteer Coordinator.

**With the next activities, please remember that TRVEA cannot do it alone, we need volunteers to be successful!**

Please check other activities you would like to be involved in:

Help with Trail Maintenance: \_\_\_\_\_

Help with Phone Calls or Mailings: \_\_\_\_\_

Assist in Gymkhanas or Events: \_\_\_\_\_

Carpentry/Painting/Construction: \_\_\_\_\_

Parades/Drill Team: \_\_\_\_\_

Serve on Board of Directors/Attend Meetings: \_\_\_\_\_

Lead Trail Rides: \_\_\_\_\_

Organize/Assist Activities: \_\_\_\_\_

Emergency Team (Disaster Assistance): \_\_\_\_\_

BBQ/Bake/Cook: \_\_\_\_\_

Please list other services or abilities you are willing to offer TRVEA: \_\_\_\_\_

Mail completed and **SIGNED** application with a check or money order payable to: TRVEA

Mail or Drop Off to:

TRVEA Office  
Attention: Membership  
2191 Hollister Street  
San Diego, CA 92154



If you have any questions regarding this application or the benefits of membership with TRVEA, please contact:

TRVEA Membership Chairperson at: [john.trvea@gmail.com](mailto:john.trvea@gmail.com)

**Memberships and Insurance are NOT prorated.**

~~~~~ BELOW THIS LINE for TRVEA Treasurer Use ONLY ~~~~~

Treasurer: Paid by: Check # & Amount Rec'd: \_\_\_\_\_ Cash: \_\_\_\_\_ Date Posted: \_\_\_\_\_

Insurance Chair-Person: Date Added to Insurance Roster: \_\_\_\_\_

Membership Chair-Person: Date Added to Membership Roster: \_\_\_\_\_ Notes: \_\_\_\_\_