



MOUNTED EAGLES
Therapeutic Horsemanship

Mounted Eagles, Inc.

Brainerd MN 56401

www.mountedeagles.org

1-888-828-9920 or 218.568.5883

– Executive Director

218-764-2337-Sr. Instructor-NARHA Certified

218-839-1274 – Volunteer Director



MEMBERSHIP APPLICATION/RENEWAL

DATE _____ **NEW APPLICATION** **RENEWAL**

SINGLE MEMEBERSHIP \$10.00 Per year FAMILY MEMBERSHIP \$25.00 per year

SINGLE MEMBER OR ALL FAMILY MEMBER NAMES: _____

(All single and/or family members **over the age of 18** will have voting privileges.)

ADDRESS: _____

EMAIL: _____

PHONE: _____ (WORK) _____ (HOME)

I HAVE BEEN AFFILIATED WITH THE MOUNTED EAGLES FOR _____ YEARS AND AM A:

PROGRAM PARTICIPANT ___ VOLUNTEER ___ BOD ___ PARENT/GUARDIAN OF PARTICIPANT ___

IF PARENT OR GUARDIAN, PLEAE GIVE PARTICIPANT’S NAME. _____

OTHER AFFILIATION (Explain) _____

PAID MEMBERSHIP ENTITLES YOU TO THE FOLLOWING BENEFITS:

- OPTION TO ATTEND REGULARLY SCHEDULED MEETINGS OF THE BOARD OF DIRECTORS
- VOTE ON ISSUES AND ELECTION OF BOD AT THE ANNUAL MEMBERSHIP MEETING
- ACCESS TO “MEMBERS ONLY” SECTION OF THE MOUNTED EAGLES’ WEBSITE
- SPECIALLY CRAFTED “MEMBERS ONLY” ACKNOWLEDGEMENT GIFT

MY FAVORITE MOUNTED EAGLES’ HORSE IS:

(if you are NEW and haven’t met our equine family yet, please see www.mountedeagles.org/horses.php)

ACE ___ ANGEL ___ BILL ___ JAZZMIN ___ PEPPER ___ THUNDER ___ VELVET ___ WIND DANCER ___

MEMBERSHIP TERMS RUN FROM MID-APRIL – MID-APRIL OF EACH CALENDAR YEAR

My \$10.00 / \$25.00 (circle one) Membership Fee is enclosed. CK# _____ Cash _____

If mailing application and membership fee, please send to:

Mounted Eagles, Inc., Aggie Stroot, Executive Director, 6504 59th Ave SW, Motley MN 56466

FOR MOUNTED EAGLES’ SECRETARY USE ONLY:

DATE APPLICTION RECEIVED: _____ MEMBERSHIP FEE

RECEIVED: _____

MEMBERSHIP TERM: _____