

Equine Rescue League of Southern Indiana, Inc.

7010 Dave Carr Rd
Charlestown, Indiana 47111
812-293-4077 / 812-256-2822
ERLSI.org

Membership Application

ERLSI is a 501(c)(3) non-profit organization.

Required Information:

Name: _____

Address: _____

City, State Zip: _____

Telephone:(_____) _____

Email address: _____

Type of Membership:

Youth -- \$10.00

Individual -- \$15.00

Family -- \$25.00

Sponsoring Company/Group/Business -- \$125 (to be listed in Newsletters, etc.)

Other--\$_____.____

Optional/Demographics:

Age : _____

Do you own horses?_____ If yes, how many? _____ What breeds?_____

Have you ever rescued a horse?_____

If yes, please list circumstances:_____

Are you a professional horseperson or amateur?_____

Do you board or own your land?_____

What do you do with your horses? (train, show, trail, etc.?)_____

Would you be interested in volunteering? If so, what area(s) of interest?

Cleaning stalls & feeding

trailerling

donations of vet services

donation of farrier services

donation of training services

help with pet therapy sessions

hanging fliers/handing out pamphlets and brochures

writing articles about ERLSI

assisting with the web site

Other (please list) _____

Membership Directory:

ERLSI produces a membership directory with members' names, phone numbers, work numbers, email address, and location in order to help keep members in touch when help is needed for ERLSI. May we include your information? (This will not be published on the website or newsletter.) If so, is there any of the above information you would prefer to not have included?

Confidentiality Statement:

I understand that certain information pertaining to Equine Rescue League of Southern Indiana may be confidential in nature and that I am to use discretion in discussing policies, current cases and other related issues with non-ERLSI members. I also understand that it is my privilege as a ERLSI member to be party to certain e-mail lists, and that no e-mail messages that I receive from these lists may be forwarded to anyone not belonging to that list without first obtaining permission from an officer of ERLSI.

I have read, understand, and agree to adhere to the statement outlined herein.

Signature Date

Signature of Parent or Guardian if under 18 Date

Liability Waiver:

I, the undersigned, have read and understand the following warning:

UNDER INDIANA LAW (BURNS IND. CODE ANN. § 34-4-44), 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 Date

Signature of Parent or Guardian if under 18 Date

Please fill this out and send to ERLSI, 5318 Blue Ridge Rd, Charlestown, IN 47111 along with payment. Make all checks payable to ERLSI.