



MEMBERSHIP FORM

Our Mission: To preserve and maintain horse trails and natural resources in Nebraska to be enjoyed today and for future generations. To conserve and promote enjoyment of horse trail use throughout Nebraska's diverse and scenic landscape. To create opportunities for the education and cooperation of all trail users and land owners regarding the issues of involving horses in the natural environment. Visit nehorsestrails.com

FIRST NAMES(S): _____
Individual members must be 19 years of age. For family membership, list each family member and age of children.

LAST NAME: _____

ADDRESS: _____
Address City State Zip

PHONE #: _____ EMAIL ADDRESS: _____

OPTIONAL INSURANCE

Members of the Nebraska Horse Trails Committee can upgrade their membership to include a personal liability coverage of \$1,000,000 policy limit through Equisure. This coverage protects members from claims arising from the use and/or ownership of a horse and for horse-related accidents involving third-party bodily injury or property damage. Coverage will apply when engaged in horse related activity and coverage is more than any existing valid and collectible insurance. Valid month of enrollment through December 31 of current year. (Must have NHTC membership in place to be eligible for this coverage.)

SELECT ANNUAL MEMBERSHIP

(Check one) : _____ \$10 INDIVIDUAL (decline insurance) _____ \$ 30 (\$10 Membership + \$20 INSURANCE

_____ \$20 FAMILY* (decline insurance) _____ \$60 (\$20 Membership + \$40 INSURANCE

**Family membership includes member, spouse & children under age 19*

SIGNATURE

MEMBER SIGNATURE: _____ DATE: _____

MAIL TO: NHTC, INC., c/o VICKIE SICH, 513 F Rd., Chapman, NE 68827

OFFICE USE ONLY:

TOTAL AMOUNT \$ _____ RECEIVED DATE: _____/_____/_____

CHECK # _____ ONLINE PAYMENT _____ CASH _____