



EMSA Membership Application

Name

Address

City State Zip code Country

Telephone E-mail

Referred by If MD, medical specialty

Interest
(i.e. eventing, recreation, Pony Club, 4-H, reining, roping, endurance, emergency response, etc)

Your membership fees fund our work and help in the production of our newsletter, "Prescription for Equestrian Safety".

Please check one: New membership Renewal

Select a membership: \$25 - Member
 \$100 - Organization

Please note that we are "paperless". Members will be notified via email when issues are available on our website, www.emsaonline.net. Please be sure to let us know your email address (fill out above) and update us when it changes at emsaonline@peak.org.

Tax deductible donation Date

TOTAL enclosed (check or money order payable to EMSA):

Please print this application, enclose your money order or check, and mail to:

EMSA
P.O. Box 100236
Gainesville, Florida 32610-0236

Thank you!