

THE CONNECTICUT HORSE COUNCIL, INC.  
MEMBERSHIP APPLICATION



**A. Membership Classification (check one)**

Individual \$20  Family \$30  Student \$15  Business/Professional \$40  Club \$40

**B. Type of Membership (check one)**  NEW  RENEWAL

**C. Membership decal available (check one)**  Static  Sticker  None

Check which one you wish to receive with your membership. Additional decals are available for \$1.00 each

**D. How did you hear about the CHC?** \_\_\_\_\_

**E. CLUB or BUSINESS NAME** (if applicable) \_\_\_\_\_

Check here if no changes in address, phone, & email

**NAME** \_\_\_\_\_

**STREET** \_\_\_\_\_

**CITY / STATE / ZIP** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**F. NUMBER OF HORSES OWNED:** \_\_\_\_\_

**G. AREAS OF INTEREST** (Please check all that apply)

Trails  Zoning  Booth  Legislation  Website  Education

Emergency/Disaster Preparedness  Volunteer Horse Patrol  Horse 911

**H. I would be willing to serve on a committee of my interest.**  Yes  No  More info, please

**I. I would be willing to have my name listed with CHC Connections as a person to contact in an emergency involving horse, or for emergency resources.**

Yes  No  More info, please

**J. Please describe resources/services you would be able to provide on the back of this form.**

I wish to join The Connecticut Horse Council, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**K. Make checks payable to:**

The Connecticut Horse Council, Inc.  
P.O. Box 57  
Durham, CT 06422-0057

[www.cthorsecouncil.org](http://www.cthorsecouncil.org)

(over)

**Connecticut Horse Council Connections is a volunteer network being developed to provide assistance and resources to our fellow horse owners in the state during times of natural or man-made disasters, or emergency incidents such as fires, loose horses, or trailer accidents. When there is an incident or emergency situation involving horses Connections will be a resource for local fire departments, first response dispatchers, and, as they continue to organize, with local CTSART Region Team Leaders. If you choose to participate in Connections, CHC will add your name to our list of people who can be contacted when help is needed.**

L.  CHC has my permission to make my name available to my local Fire Department/local Emergency Dispatcher as an experienced horseperson to call in the event of an incident involving horse/s.

My local FD is \_\_\_\_\_ Local Police \_\_\_\_\_

M.  CHC has my permission to contact me to provide emergency trailering for horse/s.

Type/size of vehicle \_\_\_\_\_

N.  CHC has my permission to contact me to provide temporary emergency shelter/housing/paddock space for horses which need to be relocated in emergency situations.

Describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

O.  CHC has my permission to contact me to provide emergency supplies (feed, bedding, or other) for horses involved in emergency incidents.

Describe \_\_\_\_\_

\_\_\_\_\_

P.  I am unable to participate at this time but would like to be included in future alerts or mailings.

**Although not yet mandated by Connecticut statute, the CT State Animal Response Team regions recognize the needs of large animals. CHC remains committed to assisting the five Region Team Leaders in their efforts to include horses in their disaster response plans.**

Q.  Please give me the contact name of my CTSART Region Team Leader so I can contact him/her.

**I attest that I am at least 18 years of age and that the information I provide The Connecticut Horse Council, Inc. is true and accurate. I understand that I may, in any particular situation, prudently decline to offer my good faith services. I further understand that The Connecticut Horse Council, Inc. acts only as a conduit for providing this information to individuals and/or organizations for the purpose of emergency response, and CHC is not liable for any injury or misadventure resulting in my volunteer efforts.**

\_\_\_\_\_  
Signature