



THE MARYLAND JOUSTING TOURNAMENT ASSOCIATION

MJTA Membership Application Form

(Riding or Non-Riding Membership)

\$10.00 per member

\$35.00 per family of 4 or more under the same roof

Full Name: _____ Riding Name: _____

Mailing Address Street: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone Number: _____

Birthday (Required for riders 18 years of age and younger): _____

Sponsor: _____

Please download, complete, and print this application. Return completed application with your dues (payable to MJTA) to:

Peter Cochran – MJTA Treasurer
2416 Azalea Road
Port Republic, MD 20676

<p><i>Office Use Only:</i></p> <p>MJTA Membership Application and Dues Received (Date): _____ (Check #): _____</p> <p>Board Review (Date): _____</p>

Getting To Know You (Optional)

Do you ride? _____ What type of riding do you participate in? _____

Do you own a horse? _____ What breed? _____ Gelding: ___ Mare: ___ Stallion: ___

Have you had any previous Jousting experience? _____ If so, what class were you in? _____

Are you married? _____ Spouse's name? _____

Do you have children? _____ How many? _____ What are their names? _____

What type of work do you do? _____

Other hobbies and interests? _____

Other information? _____