



# Membership Application

*The Florida Whips—Driving the State of Florida*

Name: \_\_\_\_\_  New  Renewal  
First Last

Farm Name: \_\_\_\_\_ County: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have an alternate address? If so, from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_  
Mo Day Mo Day

Alternate Address: \_\_\_\_\_ City: \_\_\_\_\_

ST/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Type of Membership:  Individual  Family  Farm  Business  Organization

If Family, name of additional adult member: \_\_\_\_\_

Junior members in family:

Name	DOB
Name	DOB

Tell us which other associations you belong to:

- American Driving Society                       USEF  
 Carriage Association of American             Breed Association \_\_\_\_\_  
 Other Carriage Driving or Equine (please specify) \_\_\_\_\_

Tell us what you are most interested in:

- Pleasure Driving Competitions including Traditional Driving, Obstacle & Turnout classes  
 Combined Driving Events & Horse Driving Trials  
 Arena Driving Trials  
 Driven Dressage  
 Trail Driving including campouts, pace events, and day distance trips  
 Clinics & General Driving Education  
 Volunteering at Events  
 Programs for Junior Drivers

Check here if you do not want to be included in the *Florida Whips* Membership Directory  Yes  No

**SAFETY RULES OF THE *FLORIDA WHIPS, Inc.***

- Vehicle and harness must be serviceable and in good repair.
- Horses must have bridles on with reins attached prior to hitching to a vehicle
- Vehicles must be unhitched prior to removing reins and bridles.
- Never tie a horse or leave it unattended when hitched to a vehicle.
- Driver must always have a whip.
- Never pass another carriage at a fast trot or drive too close to another carriage.

I have read and understand the safety rules listed above. I further understand that under Florida law, an equine activity sponsor or equine professional is not liable for injury to, or death of, a participant in equine activities resulting from the inherent risk of equine activities. This document is meant to be a full, and complete release from any and all liability that may arise from participating in *Florida Whips, Inc.* equine activities. This release is given freely and voluntarily by the participating members and is meant to remain in existence throughout the duration of membership.

\_\_\_\_\_  
*Signature of Member*                      *Date*                      *Signature of Family Member*                      *Date*

Dues are \$30 per year, and the membership year begins September 1<sup>st</sup>. New memberships received after April 1<sup>st</sup> will be good until September of the following year. Please make checks payable to the Florida Whips, Inc. and return with this form to:

Francine Arrington, 4200 Alan Shepard Avenue, Cocoa, FL 32926