



FLORIDA WHIPS MEMBERSHIP APPLICATION/RENEWAL

September 2023 – August 2024

flawhips.org

All memberships expire each August 31

New Application

Renewal

Member Name: _____
 Business/
 Farm/Organization Name: _____
 Mailing Address: _____

 City State ZIP
 Email Address: _____
 Primary Phone: _____
 Mobile Business Home Other
 Alternate Phone: _____
 Mobile Business Home Other

Membership Type	Annual Dues	Notes
<input type="checkbox"/> Individual Membership	\$ 45.00	ADS Member? ___Y ___N ADS # _____
<input type="checkbox"/> Family Membership	\$ 50.00	Please list names of family members in the space provided*
<input type="checkbox"/> Business/Farm/Organization	\$100.00	Includes annual business card ad
<input type="checkbox"/> Reciprocal Driving Club	\$ 00 .00	Please list name of club in the space provided.
<input type="checkbox"/> Junior Membership	\$ 00.00	ADS Member? ___Y ___N ADS # _____

Name	Email	If Junior, Date of Birth

SAFETY RULES OF THE FLORIDA WHIPS, INC.

- Vehicle and harness must be serviceable and in good repair
- Vehicles must be unhitched prior to removing reins and bridles
- Driver must have a whip and carry it while in motion
- Horses must have bridles on with reins attached prior to hitching to a vehicle
- Horses may not be tied or left unattended when hitched to a vehicle
- Never pass another carriage at a fast trot and never drive too close to another carriage

By checking this box and signing below, I acknowledge that I and all family members listed as part of this membership have read and understand the safety rules listed above, as part of this membership. 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 remains in existence throughout the duration of membership.

NAME _____

DATE _____

***See next page for submission instructions**

Paper Membership Applications	Electronic Membership Applications
<p>Make checks payable to: The Florida Whips, Inc. Mail payment and completed, signed form to: Gail Thomas Florida Whips Membership Director 11 Nashua Way Ocala, FL 34482</p>	<p>Fill out form, save, attach to email, and send to: member.flawhips@gmail.com Pay via credit card / PayPal at flawhips.org Forward email receipt confirmation to: member.flawhips@gmail.com</p>