



# BETA



**Bicycle • Equestrian • Trails • Assistance**

## APPLICATION FOR MEMBERSHIP

Please Print & Mail this Form or email info to [info@ftordbeta.org](mailto:info@ftordbeta.org)

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail address \_\_\_\_\_

I am a Cyclist \_\_\_ Equestrian \_\_\_ Hiker \_\_\_

I have Current First Aid/CPR \_\_\_ I need First Aid/CPR \_\_\_

I can attend monthly meeting yes \_\_\_ no \_\_\_

I can patrol 6 hours a month yes \_\_\_ no \_\_\_

Month and Date of Birth \_\_\_\_\_

**\*\*\*\* Send your completed application to:**

**BETA President  
318 Riker St.  
Salinas, CA 93901  
Attn: Ft Ord BETA**

You may also email your info to [info@ftordbeta.org](mailto:info@ftordbeta.org)

Thanks for your interest!