



Mail membership application to:
Land of Little Horses Farm Park
805 Knoxlyn Road
Gettysburg, PA 17325

Type of Membership Description:

Individual (\$36) – Membership is in the name of one individual person

Individual Plus One (\$48) - Membership is in the name of one individual person plus it will admit one un-named person who accompanies the member

Family (\$145) (Parent/Guardian and minor children) - Membership is in the name of one individual person. The membership must be in the name of the mother or father of the family. Family includes: Mother, Father, and minor (18 years and younger) children.

Family Plus One (\$165) (Parent/Guardian and minor children) - Membership is in the name of one individual person. The membership must be in the name of the mother or father of the family. Family includes: Mother, Father, and minor (18 years and younger) children plus it will admit one un-named person who accompanies the member

Grandparent (\$145) (Grandparent and minor grandchildren) - Membership is in the name of one individual person. The membership must be in the name of the grandmother or grandfather of the family. Grand family includes: Grandmother, Grandfather, and minor (18 years and younger) grandchildren.

Grandparent Plus One (\$165) (Grandparent and minor grandchildren) - Membership is in the name of one individual person. The membership must be in the name of the grandmother or grandfather of the family. Grand family includes: Grandmother, Grandfather, and minor (18 years and younger) grandchildren plus it will admit one un-named person who accompanies the member



Mail application to:
Land of Little Horses Farm Park
805 Knoxlyn Road
Gettysburg, PA 17325
Membership Application
(Please Type or Print)

Date: _____

Type of Membership: (circle one)

Individual (\$36)

Individual Plus One (\$48)

Family (\$145)
(Parent/Guardian and minor children)

Family Plus One (\$165)

Grandparent (\$145)
(Grandparent and minor grandchildren)

Grandparent Plus One (\$165)

Member Name: _____

Address: _____

Email Address: _____

Phone Number: _____

If purchasing Family or Grandparent membership, list additional names to include on membership card:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |