Cash ☐ Check ☐ Check # _____

2023 NEAHSA Membership

☐ **Family Membership $50** ☐ **Individual Membership $25**

Name: _____ Cell Phone:(____)_____ Text: Y N

Spouses Name: _____ Cell Phone:(____)_____ Text: Y N

Address: _____ Home Phone: (_____)_____

City_____ State: _____ Zip: _____

Email(s):_____

Children(s) names:	DOB	Age as of Jan 1, 2023	Event(s) Riding (optional)	Age Class
_____	_____	_____	_____	P B Jr Sr
_____	_____	_____	_____	P B Jr Sr
_____	_____	_____	_____	P B Jr Sr
_____	_____	_____	_____	P B Jr Sr

Would you like to help, please let us know?

Entry Table Friday Night Dirt Work Sponsorship Committee
Banquet Committee Awards Committee

Individual Membership: If under the age of 18, you must have a guardian's signature.

I, _____, give permission for _____ to Sign-up and ride in

(guardian) (underage Member)

events with Northeast Arkansas Horse Show Association.

_____

Guardian Signature

Please make checks payable to:

NEAHSA

*This membership is due before you ride in your first event for points.