

Date _____

Islip Horsemen's Association, Inc.
P.O. Box 39, East Islip, NY 11730

Membership Application

Anything with a ** next to it MUST be filled in unless not applicable.

**Name: _____ **Spouse: _____

**Address: _____

**Town: _____ **State _____ **Zip _____

**Phone: _____ **Cell: _____

**Children: _____

(Please list dates of birth & last names if different)

**Email: _____

Interests: English Western Gymkhana Drill Team
Dressage Driving Parades Trail
Youth Group Clinics

All memberships paid after April 1st will have a \$10.00 increase

Family (\$35) Individual (\$25) Junior under 18 (\$20)
After April 1st (\$45) After April 1st (\$35) After April 1st (\$30)

New Member Renewal

Do you wish to be on the mailing list? YES NO

Signature: _____

All memberships expire 12/31 no matter when you joined prior to that date.

IHA Website: www.isliphorsemensassociation.com