

NEW JERSEY HORSE ASSOCIATION, INC. 2025 MEMBERSHIP FORM

	MEMBERCH	IID		INDIVIDUAL	MEMBED	CHID	
FAMILY MEMBERSHIP Age Requirement: 17 years and under must				INDIVIDUAL MEMBERSHIP Age Requirement: 18 years and over			
_	ith Parent or Le			Age Requiremen	III. 10 YEAIS A	ilia ovei	
	ore 3/31/25	\$40.00		On or Before 3/3	31/25	\$30.00	
After 3/31/	25	\$45.00		After 3/31/25		\$35.00	
Family Na	ne:			Name:			<u></u>
Address;				Address:			
City:				City:			
State:		Zip:				Zip:	
Phone Number(s)			Phone Number(s)				
E-Mail Address:				E-Mail Address:			
Age as of <u>l</u>	<u>/1/2025</u>	f each exhibitor and horse combinatio		ge]	Date of Birth_		<u> </u>
Member			Ag	ge	Date of Birth		
Member			Ag	Age Date of Birth			
Trainer's Name: Ph		Phone #:	Address:				
fee is receiv	ed. Any points ea ward, for either o	at you understand and agree to abide by arned prior to date of membership will r division. N JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIX ITH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESU	not count to	oward year-end awards. This applies to "operators" (as defin	. If you change	divisions during the year	r, you are ineligible to receive
New Jersey	THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L.1997, c.287 (C.5:15-1 et seq). and which shall contain the notice [above] in large capitalized print." For those who are not "operators," the law states, "Individuals or entities providing equine animal activities on behalf of an operator, and not the operator, shall be required to post and maintain signs required by this section."						
						Date:	
	: Parent/Legal Gua gal Guardianship						
		is required ailed or handed in with payment at any G	eneral Men	nhershin Meeting or hors	se show to the	Show Secretary or you ma	av mail completed form with

payment to: NJHA c/o Dawn Edmonds, 358 Monroeville Road, Monroeville, NJ 08343 FOR OFFICE USE ONLY:

Check Amt:\$_

Date Rec'd:

Check No.: Cash Amt: \$ TOTAL AMT:\$