

NEW JERSEY HORSE ASSOCIATION, INC. 2024 MEMBERSHIP FORM

INDIVIDUAL MEMBERSHIP

FAMILY MEMBERSHIP

Age Requirement: 17 years and under must			Age Requirement: 18 years and over		
Sign up with Parent or Le	gal Guardian				
On or Before 3/31/24	\$35.00		On or Before 3/31/24	\$25.00	
After 3/31/24	\$40.00		After 3/31/24	\$30.00	
Family Name:			Name:		
Address;			Address:		
			City:		
	Zip:		State:	Zip:	
Phone Number(s)			Phone Number(s)		
E-Mail Address:		E-Mail Address:			
Please complete the name of Age as of <u>1/1/2024</u>	of each exhibitor and horse combination.				
Member		Age	Date of Birt	th	
Member		Age	Date of Birt	th	
		Age	Date of Birt	th	
		Age	Date of Birt	th	

Please sign below stating that you understand and agree to abide by all NJHA Show and Membership rules as published. Points will only count from the date membership fee is received. Any points earned prior to date of membership will not count toward year-end awards. If you change divisions during the year, you are ineligible to receive a year end award, for either division.

WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN	This applies to "operators" (as defined in the law). The law states, "All operators shall post and maintain signs on all lands owned or
	leased thereby and used for equine activities, which signs shall be posted in a manner that makes them visible to all participants and which shall contain the notice [above] in large capitalized print." For those who are not "operators," the law states,
seq).	"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."
	INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L.1997, c.287 (C.5:15-1 et

Exhibitor or Parent/Legal Guardian*

*Proof of Legal Guardianship is required

Completed forms may be mailed or handed in with payment at any General Membership Meeting or horse show to the Show Secretary or you may mail completed form with								
payment to: NJHA c/o Dawn Edmonds, 358 Monroeville Road, Monroeville, NJ 08343								
FOR OFFICE USE ONLY:								
Date Rec'd:	_ Check Amt:\$	Check No.:	Cash Amt: \$	TOTAL AMT:\$				