

NEW JERSEY HORSE ASSOCIATION, INC. 2020 MEMBERSHIP FORM

FAMILY MEMBERSH	IIP	INDI	INDIVIDUAL MEMBERSHIP			
Age Requirement: 17 year	rs and under must	Age R	Age Requirement: 18 years and over			
Sign up with Parent or Le	egal Guardian					
On or Before 3/31/20	\$35.00	On or	Before 3/31/20	\$25.00		
After 3/31/20	\$40.00	After	3/31/20	\$30.00		
Family Name:		Name	Name:			
Address;		Addre	Address:			
City:		City:	City:			
	Zip:			Zip:		
Phone Number(s)		Phone	Phone Number(s)			
E-Mail Address:			E-Mail Address:			
Age as of <u>1/1/2020</u>	of each exhibitor and horse comb	vination.				
Member		Age	Date of Bir	th		
Member Age		Age	Date of Bir	Date of Birth		
Member A		Age	Date of Bin	Date of Birth		
Member		Age	Date of Bir	Date of Birth		

Please sign below stating that you understand and agree to abide by all NJHA Show and Membership rules as published and acknowledge some rules have changed for 2020. 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.

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 John Wettstein, Treasurer, 1 Shore Road, Millville, NJ 08332
FOR OFFICE USE ONLY:
Date Rec'd: ______ Check Amt:\$_____ Check No.: _____ Cash Amt: \$_____ TOTAL AMT:\$______