



**NEW JERSEY HORSE ASSOCIATION, INC.  
2021 MEMBERSHIP FORM**

**FAMILY MEMBERSHIP**

*Age Requirement: 17 years and under must  
Sign up with Parent or Legal Guardian*

On or Before 3/31/21            \$35.00  
After 3/31/21                      \$40.00

**INDIVIDUAL MEMBERSHIP**

*Age Requirement: 18 years and over*

On or Before 3/31/21            \$25.00  
After 3/31/21                      \$30.00

Family Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

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Please complete the name of each exhibitor and horse combination.

Age as of 1/1/2021

Member _____	Age _____	Date of Birth _____
Member _____	Age _____	Date of Birth _____
Member _____	Age _____	Date of Birth _____
Member _____	Age _____	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\*

Date: \_\_\_\_\_

\*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: <b>NJHA c/o Tim Bassett, Treasurer, 24179 West Main Street, Columbus, NJ 08022</b>				
FOR OFFICE USE ONLY:				
Date Rec'd: _____	Check Amt:\$ _____	Check No.: _____	Cash Amt: \$ _____	TOTAL AMT:\$ _____