

## NEW JERSEY HORSE ASSOCIATION, INC. 2020 MEMBERSHIP FORM

FAMILY MEMBERSI	INDIVIDUAL MEMBERSHIP					
Age Requirement: 17 years and under must			Age Requirement: 18 years and over			
Sign up with Parent or Lo	O		O D ( 2/2)	1/20	<b>#25</b> 00	
On or Before 3/31/20	\$35.00		On or Before 3/31	·	\$25.00	
After 3/31/20	\$40.00		After 3/31/20		\$30.00	
Family Name:			Name:			
Address;			Address:			<u></u>
City:			City:			<u></u>
State:	Zip:		State:		_Zip:	<u></u>
Phone Number(s)			Phone Number(s)			<u></u>
E-Mail Address:			E-Mail Address:_	E-Mail Address:		
Please complete the name Age as of <u>1/1/2020</u> Member_						
Member			ge D	ote of Birth		<u></u>
Member		Ag	ge D	Oate of Birth		<u></u>
Member		Ag	ge D	Date of Birth		
0	nt from the date member	rship fee is received. Any p	points earned prior to da	-	_	some rules have changed for vard year-end awards. If you
				Date:		
Exhibitor or Parent/Legal Gu *Proof of Legal Guardianship						
		avment at any General Mem	bership Meeting or horse	show to the Sh	ow Secretary or you ma	ay mail completed form with
payment to: <b>NJHA c/o Tim</b>						·)
FOR OFFICE USE ONLY:	Cl 1. A 4. ¢	Charle Na	C1. A	TO	TALANAT.¢	
Date Rec'd:	Check Amt:\$	Check No.:	Cash Amt: \$	10	TAL AMT:\$	