



**ASSOCIATE  
 MEMBERSHIP APPLICATION**  
 Membership expires December 31<sup>st</sup>

Associate membership is open to anyone wishing to support  
 HHANE and harness racing who is ineligible for Active membership.

*Owners, trainers, and drivers racing at Plainridge: please complete an Active Membership application*

Associate's Name \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you receive mail at the above home address?  Yes  No – send mail to:

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell: \_\_\_\_\_

Email (Format: xxx @ xxx.xxx ) \_\_\_\_\_

I, the undersigned, hereby apply for ASSOCIATE membership in the Harness Horseman's Association of New England (HHANE). I understand Associate membership shows my support of HHANE and does not include the same membership benefits as those extended to Active members. I further give HHANE the right to use my name, picture, portrait, or photograph in all forms and media and in all manners including such purposes as publicity, illustration, advertising, and web content.

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Enclosed is my check for \$10 made payable to HHANE in payment of my ASSOCIATE membership dues.**

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- - Office Use Only - -

Rec'd \_\_\_\_\_ \$ \_\_\_\_\_ Ck # \_\_\_\_\_ DB QB MC Dep \_\_\_\_\_ R&C \_\_\_\_\_

Cvg 1 2 3 4 5  Cash Receipt # \_\_\_\_\_ HHI \_\_\_\_\_