



Harness Horseman's Association of New England, Inc.
P.O. Box 1811 ~ Plainville, MA 02762

**SAVE A STAMP! Use the QR code and
renew your membership on line**



HHANE Office: 508-316-3364
www.hhane.com

**2025 INDIVIDUAL MEMBERSHIP
MEMBERSHIP APPLICATION**

Expires 12/31/25

HHANE membership is valid for individuals only. Benefits include participation in the Third Party Liability Insurance program offered through HHI (Harness Horsemen International). **Your HHI insurance eligibility for continuing coverage requires you to be a member in good standing by May 31st.** HHANE Sulky Accident Insurance Program (maximum \$1000 without wheels) offered at no charge for one registered/inspected sulky.

USTA # _____ MGC # _____

Make changes to printed mailing address here

**ATTENTION TRAINERS & DRIVERS:
Applications must be received by May 31st to be eligible
for the Retirement Savings Plan (RSP). NO EXCEPTIONS!**

Please check all that apply:

- Owner Trainer Driver Caretaker/Groom

Name (only individual memberships accepted; owners of stables or corporations must apply individually):

Home address

St _____ City _____ State ____ Zip _____

Mailing address check here if home and mailing addresses are the same

St/PO Box _____ City _____ State ____ Zip _____

Phone (home): _____

Email: Format: xxx @ xxx.xxx

This is how we reach you quickly with important information.

Phone (cell): _____ @ _____

Stable Information – If you race under a stable or company name, please complete:

Stable/Co: _____ **Trainer:** _____

St/PO Box _____ City _____ State ____ Zip _____

Enclosed is my check for \$50 made payable to HHANE in payment of my ACTIVE membership dues.

I hereby apply for membership in the Harness Horseman's Association of New England (HHANE) and agree to abide by the organization's By-Laws. HHANE is my sole authorized representative for contract negotiations with PGR (Plainville Gaming and Redevelopment LLC). With this appointment I hereby revoke any and all authorities given by me for similar purposes.

If you do not agree to the following, initial here: _____

I agree to 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** _____

--- Office Use Only ---

Rec'd _____ \$ _____ Ck # _____ Dep _____ R&C _____
Cvg 1 2 3 4 5 Cash Receipt # _____ DB MC RSP HHI _____