

P.O. Box 1811 ~ Plainville, MA 02762

Gvg 1 2 3 4 5 ☐ Cash Receipt # _____

offered through HHI (Harness Horsemen International). Your HHI insurance eligibility for continuing coverage requires you to Make changes to printed mailing address here 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 #____ Please check only one: ☐ Owner ☐ Trainer ☐ Driver ☐ Caretaker/Groom ☐ Owner/Trainer ☐ Owner/Driver ☐ Owner/Trainer/Driver □ Trainer/Driver ATTENTION TRAINERS & DRIVERS: Applications must be received by May 31st to be eligible for the Retirement Savings Plan (RSP). NO EXCEPTIONS! Name (only individual memberships accepted; owners of stables or corporations must apply individually): Home address _____ City _____ State ___ Zip ______ Mailing address \Box check here if home and mailing addresses are the same \Box St/PO Box ______ 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, Inc. (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 _____ - - Office Use Only - -Rec'd _____ \$ ____ Ck # _____ Dep ____ R&C

DB MC RSP

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

2023 INDIVIDUAL MEMBERSHIP APPLICATION

Expires 12/31/23

HHANE membership is valid for individuals only. Benefits include participation in the Third-Party Liability Insurance program

HHI