

2010

The Tri-State Horsemen's Association Membership Application

Name.....Date of Birth.....

Address.....

CityState.....Zip Code.....

Phone No (.....).....Date.....Membership #.....

Email Address.....

ATTENTION: Annual 2010 membership valid January 1 to December 31, 2010

INDIVIDUAL \$30.00..... (\$25.00 if paid by 12/31/09) **Anyone under age 18 who is applying for Individual Membership must also list their date of birth below.**

FAMILY \$35.00..... (\$30.00 if paid by 12/31/09) If applying for Family Membership, please list the names of all persons to be included in the family. This can include a spouse and **children under age 18 on January 1, 2010. Any children age 18 and over as of Jan 1, 2010 must have their own individual membership.**

Family Member's First/Last Name: Date of Birth: (mandatory)
.....
.....
.....
.....

Signature: _____

Please mail this form and payment to: **TSHA Treasurer
Membership Chairman
948 Ekonk Hill Rd.
Voluntown, CT 06384**

Telephone: (860) 779-0438
Email: membership@tristatehorsemen.com
Web Site: www.tristatehorsemen.com

STOP!! TRI-STATE USE ONLY: DO NOT WRITE BELOW THIS LINE

Check#: _____ Amount _____ Postmark Date: _____

2010

The Tri-State Horsemen's Association Membership Application

Name.....Date of Birth.....

Address.....

CityState.....Zip Code.....

Phone No (.....).....Date.....Membership #.....

Email Address.....

ATTENTION: Annual 2010 membership valid January 1 to December 31, 2010

INDIVIDUAL \$30.00..... (\$25.00 if paid by 12/31/09) **Anyone under age 18 who is applying for Individual Membership must also list their date of birth below.**

FAMILY \$35.00..... (\$30.00 if paid by 12/31/09) If applying for Family Membership, please list the names of all persons to be included in the family. This can include a spouse and **children under age 18 on January 1, 2010. Any children age 18 and over as of Jan 1, 2010 must have their own individual membership.**

Family Member's First/Last Name: Date of Birth: (mandatory)
.....
.....
.....
.....

Signature: _____

Please mail this form and payment to: **TSHA Treasurer
Membership Chairman
948 Ekonk Hill Rd.
Voluntown, CT 06384**

Telephone: (860) 779-0438
Email: membership@tristatehorsemen.com
Web Site: www.tristatehorsemen.com

STOP!! TRI-STATE USE ONLY: DO NOT WRITE BELOW THIS LINE

Check#: _____ Amount _____ Postmark Date: _____