

2019

The Tri-State Horsemen's Association Membership Application

PLEASE PRINT CLEARLY – MUST BE FILLED OUT COMPLETELY

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

Address.....

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

Phone No (.....).....Membership # (if known).....

Email Address.....

ATTENTION: Your Annual Membership is valid January 1 to December 31

Membership Cards will be EMAILED

INDIVIDUAL \$35.00..... (\$25.00 if paid by 12/31/18) **Anyone under age 18 who is applying for Individual Membership must also list their date of birth.**

FAMILY \$40.00..... (\$30.00 if paid by 12/31/18) If applying for Family Membership, please list the names of all persons to be included in the family below.

This can include a spouse and **children under age 18 on January 1, 2019. Any children age 18 and over as of Jan 1, 2019 must have their own individual membership.**

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

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Use back if necessary

DO NOT STAPLE CHECK TO FORM

Check if you want to receive the Equine Journal

Signature: _____

Parent or Guardian for anyone under age 18 as of January 1, 2019

Email if different: _____

Please mail this form and payment to: **TSHA Membership
948 Ekonk Hill Road
Voluntown, Ct 06384**

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Office Use Only – Do Not Write Below Line

Check#: _____ Amount _____ Postmark/Received Date: _____

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