

# 2021

## The Tri-State Horsemen's Association Membership Application

PLEASE PRINT CLEARLY – MUST BE FILLED OUT COMPLETELY

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

Address.....

City .....State.....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 12/31/20) **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 12/31/20) If applying for Family Membership, please list the names of all persons to be included in the family below.

This can **ONLY** include a spouse and **children under age 18 on January 1, 2021**

**Any children age 18 and over as of Jan 1, 2021 must have their own individual membership.**

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

.....  
.....  
.....

Use back if necessary

**DO NOT STAPLE CHECK TO FORM**

Signature: \_\_\_\_\_

Parent or Guardian for anyone under age 18 as of January 1, 2021

**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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