



2015 Membership Form

For points to count, owner and rider must be an active SEHA Member

Name:	
Address:	
City:	
State:	Zip Code:
Phone #:	
Email:	
Birth Date:	Age: <input type="checkbox"/> 18-35 <input type="checkbox"/> Over 35
Horse's Name:	

Please choose Membership type:

- | | |
|--|---|
| <input type="checkbox"/> Individual \$30 | <input type="checkbox"/> Farm Life \$250 |
| <input type="checkbox"/> Family \$40 | <input type="checkbox"/> Business Member Corporate Farm Life \$250 |
| <input type="checkbox"/> Individual Life \$150 | <input type="checkbox"/> Business Member Corporate Farm Annual \$75 |

Please list names to be registered For Family membership with birth dates:

Name:	Birth Date:	Age:
Name:	Birth Date:	Age:
Name:	Birth Date:	Age:

Please fill out form, print and mail with payment to:

Elaine Fernandes-Powers
 SEHA
 PO Box 455
 Halifax, MA 02338
 Email: efpowers@comcast.net

<i>For Office Use Only:</i>	
Date:	
Check #:	\$
SEHA #:	
Email:	