



### 2017 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:                      Amateur: <input type="checkbox"/> 18-35 <input type="checkbox"/> Over 35
Horse's Name:	

***Please choose Membership type:***

- |   |   |
|---|---|
| <input type="checkbox"/> Individual      \$35     | <input type="checkbox"/> Farm Life                                      \$255 |
| <input type="checkbox"/> Family              \$45 | <input type="checkbox"/> Business Member Corporate Farm Life      \$255       |
| <input type="checkbox"/> Individual Life    \$155 | <input type="checkbox"/> Business Member Corporate Farm Annual    \$80        |

***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](mailto:efpowers@comcast.net)

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