



**2018 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:	Owner'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:	