



2023 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:	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 and mail with payment to:

Rebecca Pinkava
SEHA
275 Woodside Road
West Barnstable, MA 02668

Email: rpinkava@comcast.net

For Office Use Only:	
Date:	
Check #:	\$
SEHA #:	
Email:	

- ☐ Check (made payable to SEHA)
- ☐ Credit Card # _____ Exp. Date _____ Security Code _____
Name on Card _____