

NORTH SHORE HORSEMENS ASSOCIATION

C/O Janice Flynn
42 Putnam Lane
Danvers, MA 01923

Date of Application

_____ Paid

MEMBERSHIP APPLICATION

Name: _____

Street: _____ Town: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

___ Please send prizelist via e-mail

- | | | |
|---|------------|-------------------------|
| ___ Individual (Jr. or Sr.) | \$15.00/yr | MUST Check Below |
| ___ Family (List names on back of card) | \$25.00/yr | ___ Hunter |
| ___ Life (Individual) | \$150.00 | ___ Pleasure |

FAMILY MEMBERSHIP

List all family members to be included in membership

Name: _____ Jr. DOB _____

Name: _____ Jr. DOB _____

Name: _____ Jr. DOB _____

Name: _____ Jr. DOB _____

Name: _____ Jr. DOB _____