

NORTH SHORE HORSEMEN'S ASSOCIATION

C/O Sharalyn Prieskorn
248 Lowell Street
Wakefield, MA 01880

Date of Application
_____ **Paid**
_____ **Date**

MEMBERSHIP APPLICATION

Name: _____

Street: _____

Town: _____ State: _____ Zip: _____

Phone: _____

| | | |
|--|------------|---|
| <input type="checkbox"/> Individual (Jr. or Sr.) | \$20.00/yr | Check one: |
| <input type="checkbox"/> Family (List names on back of card) | \$30.00/yr | <input type="checkbox"/> Hunter Shows |
| <input type="checkbox"/> Life (Individual) | \$150.00 | <input type="checkbox"/> Pleasure Shows |

e-mail: _____

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e-mail: _____

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 _____

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