

**NEW JERSEY PROFESSIONAL
HORSEMAN'S ASSOCIATION**

Membership Application for the High Score Program
I hereby make application for the 2016/2017 membership

MEMBERSHIP TYPE: ___\$35 High Score ___\$55 Professional ___\$40 Associate

MEMBERSHIP STATUS: ___Renewal Membership OR ___New Membership

NAME_____

USEF#_____ DATE OF APPLICATION_____

EMAIL_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

TELEPHONE #_____ DATE OF BIRTH_____

TRAINER NAME_____

ALL OF THE ABOVE FIELD MUST BE FILLED IN

*****FOR FARM REGISTRATION/ONE TIME FEE \$50**

(owner/officer of farm/organization MUST BE A High Score or Professional member in good standing)

***FARM/BARN/STABLE_____

***ADDRESS_____

If accepted, I agree to abide by all the regulations & by-laws governing the association

Signature_____ Date_____

Signature of parent of minor child_____

APPLICATION MUST BE SIGNED TO BE ACTIVATED

Mail to: Summerfield Farm
24 Baker Road
Pittstown, NJ 08867

Make check payable to:

NJPHA