



Membership Form

Individual - \$35

Family ---- \$50 *Must list all family names and JR DOB*

Lifetime --- \$150 *HUGE SAVINGS*

NAME: _____

ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

TRAINER/FARM: _____

DIVISION COMPETING IN - please circle: PLEASURE or HUNTER

MAKE CHECKS PAYABLE AND MAIL TO: NSHA
P.O BOX 55
West Boxford, MA 01885

DATE PAID _____