

MEMBERSHIP AND NOMINATION FORM

*Name:			
*Cell Phone:		Home Phone:	
Address:			
*Email: Membership: ☐ No Membership Fee :		vidual (\$25.00) □ Family	(\$30.00)
Family members a	and Children (ages):		
Please list your h	orses, breeds, and	registration number(s) if	applicable:
What are your are			
□ Trail Riding□ Parades	☐ Camping ☐ Clinics	☐ Dressage ☐ ☐ Other (specify)	☐ Pleasure Shows ☐ Versatility
award program. Award Program F	Fee: \$12.00 per horse	e and \$6.00 per rider.	
Owner Name:			
Rider Name (and I	DOB for Youth Riders	s):	
Horse Name, Bree	ed, and Registration #	t:	
Horse Name, Bree	ed, and Registration #	t:	
earned. Owner or ex toward year-end awa I acknowledge that I land used by membe	chibitor must be a member and and a member to observe am riding, showing, or ers, or permitted to pass	per in good standing of Gaited and follow the riding and sho demonstrating at my own risk	d division, in the events for which points are to be Horses of New England to be eligible to receive points awing rules Gaited Horses of New England. , and agree to make no claims against any owner of any ry which may be occasioned, or loss which may occur to lorse.
Signature:			Date:
			to: Cindy Tolbert, 337 Middle Road, Brentwood, NH 0383
Total Amount: \$	Date Received:	Bv:	Form Rev: (Revised 11/2023)