



MEMBERSHIP AND NOMINATION FORM

Name:

Cell Phone: Home Phone:

Address:

Email:

Membership: New Renewal

Membership Fee: (select one) Individual (\$25.00) Family (\$30.00)

Family members and Children (ages):

Please list your horses, breeds, and registration number(s) if applicable:

What are your areas of interest?

- Trail Riding Camping Dressage Pleasure Shows Versatility
- Parades Clinics Other (specify)

Awards Program Nomination Form

The completion of this section, along with fees paid, nominates the horse and one rider for eligibility for our association's annual high score awards program. Gaited Horses of New England (GHNE) membership does NOT automatically qualify you for participation in this award program.

Award Program Fee: \$12.00 per horse and \$6.00 per rider.

Owner Name:

Rider Name (and DOB for Youth Riders):

Horse Name, Breed, and Registration #:

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Nomination forms/fees must be received prior to the start of the nominated division, in the events for which points are to be earned. Owner & Exhibitor must be a member in good standing of GHNE to be eligible to receive points toward year-end awards. I agree to observe and follow the riding and showing rules of GHNE. I acknowledge that I am riding, showing, or demonstrating at my own risk, and agree to make no claims against any owner of any land used by members, or permitted to pass over, for any damage or injury which may be occasioned, or loss which may occur to myself, my horse, or any vehicle or any other article I may send with my horse.

Signature: Date:

Make checks payable to: Gaited Horses of New England. **Mail to:** Stacey Deignan, 61 Shattuck Street, Pepperell, MA 01463

For office use only: (Membership Amount: \$ _____ Nomination Amount: \$ _____ Other: \$ _____)

Total Amount: \$ _____ Date Received: _____ By: _____

Form Rev: (Revised 1/2025)