

**Southern New England Horsemen's Association Membership Form - 2024**



**Membership Type:**

- \$30.00 - Family Membership**  
A Family Membership must have at least one parent or legal guardian over 18 years of age. No children may be listed on a Family Membership if their age is 18 as of January 1st of the current year.
- \$20.00 - Individual Membership**  
An Individual Membership is for an adult individual 18 years of age or older as of January 1st of the current year.

Make check payable to SNEHA.  
Mail to Kate Rand, 309 Shewville Road, Ledyard, CT 06339.

**Member Information:**

Please check the box for those members who will be showing.

**Adult 1:** \_\_\_\_\_  
(Must be over 18 as of January 1st of the current year)

Office Use Only

**Adult 2:** \_\_\_\_\_  
(If applicable)

Office Use Only

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_, \_\_\_\_\_

**Trainer/Barn:** \_\_\_\_\_

By signing this application, I / we agree to abide by the rules and by-laws of SNEHA.

X \_\_\_\_\_

**List Junior members for Family Membership below.**

Please check the box for those members who will be showing.

Office Use Only

<input type="checkbox"/> Junior: _____	Date of Birth: _____
<input type="checkbox"/> Junior: _____	Date of Birth: _____
<input type="checkbox"/> Junior: _____	Date of Birth: _____

