SOUTH SHORE HORSEMEN'S COUNCIL
2010 MEMBERSHIP APPLICATION

Name: _____
LAST FIRST MIDDLE INITIAL

Address: _____
STREET OR PO BOX CITY STATE ZIP CODE

Telephone: (____)_____ **Email**: _____

Membership Type:		If **Family** Membership, list names:	If **Junior**, list D.O.B:
☐ Individual	$ 35	_____	____/____/____
☐ Family	$ 50	_____	____/____/____
☐ Corporate	$100	_____	____/____/____
☐ Life	$250	_____	____/____/____

I am a member of: ☐NEHC ☐MHC ☐MQHA ☐SEHA ☐USAE **Riding Interests**: ☐Eng ☐West ☐Saddleseat ☐H/J

Horse Registration: ($10 fee per horse)

Horse's Name: _____ Discipline: _____
Horse's Name: _____ Discipline: _____
Horse's Name: _____ Discipline: _____

MAIL check payable to "SSHC" to:
Carol Simmons, 7 Lantern Ave., Halifax, MA 02338
781.294.1373 / 617.962.5007

OFFICE USE: Member # _____
Rcvd: _____ Issued: _____
Method: ☐Entry ☐Cash ☐Check # _____