

Leadership Roles

## Hollis Area Equestrians (HAE) Membership Form January 2024 through December 2024

## **Please Complete All Applicable Fields**

	Individual/Fami	ly Membership
FULL NAME:	Lost	DATE:
ADDRESS: Street Add	ress	Apt/Suite
City	State	Zip Code
E-MAIL:		PHONE:
	Farm/Barn Own	er Membership
MAIN APPLICANT NA	ME:	DATE:
	First Las	t
FACILITY NAME:		
ADDRESS:		
Street Add	ress	Apt/Suite
City	State	Zip Code
·		PHONE:
I AM A: □ NEW MEMBER		
MEMBERSHIP DUES:	∷ ∐ INDIVIDUAL \$30.00 ∐ FAM	ILY \$40.00  FARM/BARN \$100.00
	Please complete and ma	·
	Hollis Area E PO Box	·
	Hollis, NI	
	*Checks can be made out t Cash can be given to treasur	•
d vou like to receive E-	Mail communication?: □	YES □ NO
ld you like your contact	information shared in a oining our equine emerç	members only roster?: $\square$ YES $\square$ NO
mbers are encouraged	to serve on at least one year. Please circle ye	committee or volunteer at one event/function pe our interests below.
Horse Shows	Organizing	Trail Rides Trail/Ring Clean Up

Fundraising

Clinic/Speaker Organizing