

Northeast Mountain Horse Club, Inc. Membership Form



Name: _____

Address: _____

City _____ State _____ Zip _____

E-mail: _____ Telephone: _____

Single Membership: \$15.00 _____
must be 18 years of age

Junior Membership: \$15.00 _____
not reached 18th birthday
(requires parental consent)

New

Renew

Family Membership: \$25.00 _____

Junior Member Name

Parent or Guardian Signature

checks payable to: "NEMHC"

Mail to: Susie Ferree 250 Blossom Dr. Mt. Wolf, PA 17347

(applicant agrees to the NEMHC bylaws and rules) (a non-profit corporation)