



2020 Membership Form

Individual - \$35

Family ---- \$50 \*Must list all family names and JR DOB\*

Lifetime --- \$150 \*HUGE SAVINGS\*

**NAME:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**TRAINER/FARM:** \_\_\_\_\_

**DIVISION COMPETING IN** - please circle: PLEASURE or HUNTER

MAKE CHECKS PAYABLE AND MAIL TO: NSHA  
P.O BOX 55  
West Boxford, MA 01885

DATE PAID \_\_\_\_\_