



MEMBERSHIP APPLICATION AND NOMINATION FORM

Name: _____
Address: _____
Email: _____
Spouse and Children (ages): _____

Phone: _____

Individual or Youth \$20.00 _____ Family \$25.00 _____ New _____ Renew _____
Would you prefer to receive our Newsletter and other notices by email _____ or by US mail _____?

Please list your horses and registration number(s):

What are your areas of interest? (Showing, Pleasure Riding, Endurance, Training, Breeding, Other):

Please check any committees you are interested in joining:

Rules and Protests _____ Show and Points _____ Banquet and Trophy _____ Trail _____
Finance _____ Membership and Education _____ Newsletter Publishing _____

Are you interested in sponsoring a class at an area show (cost \$25) or would you like to make a donation to:

Youth Programs _____ Educational Material _____ Clinics _____ Other _____ Amount: _____

The completion of this section, along with fees paid, nominates the horse and/or exhibitor/trail rider for eligibility for our association's annual high score awards program. Yankee membership does NOT automatically qualify you for participation in this award program. Cost is \$12 per horse and/or \$6.00 per exhibitor/trail rider.

Owner Name: _____ Rider Name (and DOB for Youth Riders): _____

Horse Name and TWHBEA Registration #: _____

Horse Name and TWHBEA Registration #: _____

Horse Name and TWHBEA Registration #: _____

Horse Name (unregistered): _____

Nomination forms and fees must be received prior to the start of the nominated division, in the events for which points are to be earned. Owner and Exhibitor must be a member in good standing of Yankee Walkers to be eligible to receive points toward year-end awards.

I agree to observe and follow the riding and showing rules of Yankee Walkers, Gaited Horses of New England. I acknowledge that I am riding, showing, or demonstrating at my own risk, and agree to make no claims against any owner of any land used by members, or permitted to pass over, for any damage or injury which may be occasioned, or loss which may occur to myself, my horse, or any vehicle or any other article I may send with my horse.

Signature: _____

Date: _____

Please make checks payable to Yankee Walkers and mail to: Amy Morin, PO Box 214, Eaton Center, NH 03832.

For office use only: Date received: _____ Total Amount: _____ Membership Amount: _____ Nomination Amount: _____