



Website: nyshc.org

# New York State Horse Council, Inc. 2018 Membership Form

Calendar year January 1<sup>st</sup> thru December 31<sup>st</sup>, 2018

**Please check one:**

New  Renew ID# \_\_\_\_\_

**I wish to receive the NYSHC Quarterly Newsletter:**

E-Mail  Postal Mail

**Individual / Family / Lifetime Membership / Youth Membership:** <http://nyshc.org/post.php?pid=14> Please print clearly

Family Membership: "Family Member" includes you, your resident spouse and your children up to age 18 residing at the address provided.

Name of Primary Adult First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name of Secondary Adult First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name of Children & Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: (write n/a if none) \_\_\_\_\_

County: \_\_\_\_\_ HomePhone1: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Or Business / Club / Farm / Organization Membership:** [http://nyshc.org/directory\\_category.php](http://nyshc.org/directory_category.php) Please print clearly

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website or Facebook: \_\_\_\_\_

E-Mail: (write n/a if none) \_\_\_\_\_

County: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Category: \_\_\_\_\_

**NYSHC Services Directory by Category:** Horse & Rider Services - Adoption / Boarding / Breeders / Camps / Carriage / Clinics / Clinicians / Dentistry / Education / Farrier / Horsemanship / Humane Wellares / Lessons / Rescue / Showing / Training / Transportation / Therapeutic / Veterinarian. **Organizations & Clubs** - Driving / Horse Organization / Horse Club / Social / Trail / Youth (4H, Pony Club, College teams, etc.). **Trail Services** - Lodging / Camping. **Business Services** - Insurance / Legal / Marketing / Promotional / Publications. **Sales & Products** - Barns/Buildings / Feed/Supplements / Tack / Trailer/Truck / Shop & Apparel.

**NYSHC New York State/Other or Chapter/County you wish to join or be affiliated:** <http://nyshc.org/post.php?pid=17>

- |                          |   |                          |  |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | General New York State/Other (No Chapter Affiliation) | <input type="checkbox"/> | Sullivan County (Mid-Hudson Region)            |
| <input type="checkbox"/> | Cattaraugus/Chautauqua Counties (Western Region)      | <input type="checkbox"/> | Ulster County (Mid-Hudson Region)              |
| <input type="checkbox"/> | Orange County (Mid-Hudson Region)                     | <input type="checkbox"/> | Westchester County (Mid-Hudson Region)         |
| <input type="checkbox"/> | Putman County (Mid-Hudson Region)                     | <input type="checkbox"/> | Western Erie/Niagara Counties (Western Region) |

**Membership Type:**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Individual with Insurance (one adult 18+) \$55.00  |
| <input type="checkbox"/> | Family with Insurance (two adults with children up to age 18) \$75.00  |
| <input type="checkbox"/> | Lifetime with Insurance 1 <sup>st</sup> year (one adult 18+) \$500.00  |
| <input type="checkbox"/> | Lifetime with insurance with subsequent year renewal (one adult 18+) \$20.00   |
| <input type="checkbox"/> | Individual without Insurance (one adult 18+) \$35.00   |
| <input type="checkbox"/> | Family without Insurance (two adults with children up to age 18) \$55.00   |
| <input type="checkbox"/> | Youth without Insurance (Not associated w/Family Membership. One child up to age 18) \$10.00   |
| <input type="checkbox"/> | Youth Date of Birth: ___/___/___ Parent Signature: _____ Date: ___/___/___   |
| <input type="checkbox"/> | Business / Club / Farm / Organization without Insurance \$75.00  |
|                          | Includes your Website or Facebook link listed on our <a href="http://WWW.NYSHC.ORG">WWW.NYSHC.ORG</a> Website; Business Directory by Category & Name, NYSHC Trails Guide and in the NYSHC Quarterly Newsletter |

- Only Individual, Family or Lifetime 1<sup>st</sup> and w/ subsequent yr. renewal includes \$1,000,000 Equisure Excess Personal Liability Insurance.
- All Memberships include a no vote at the NYSHC Annual General Meeting and the NYSHC Quarterly Newsletter.

**Age Group:**  0-18  19-51  51+ **How many horses do you own?**

**Method of Payment:**

Check#: \_\_\_\_\_  Papal/CC: \_\_\_\_\_  Other: \_\_\_\_\_

Please make check payable to NYSHC (write 2018 Membership in comments). Mail completed Membership Form along with Check to: ELN Financial Services, PO Box 76, Harpursville, NY 13787-0076

Questions- please e-mail: [membership@nyshc.org](mailto:membership@nyshc.org). Thank you.

**OFFICE USE ONLY:**

Check Date: \_\_\_/\_\_\_/\_\_\_ Date Rec'd: \_\_\_/\_\_\_/\_\_\_ PayPal /CC Rec'd: \_\_\_/\_\_\_/\_\_\_ Other Rec'd: \_\_\_/\_\_\_/\_\_\_ Initials: \_\_\_\_\_  
Comments: \_\_\_\_\_

Inquiries for NYSHC Insurance, please contact Missy Whittington (716) 440-3478 or [Missy.Whittington@nyshc.org](mailto:Missy.Whittington@nyshc.org). Inquiries for NYSHC Quarterly Newsletter, please Email: [info@nyshc.org](mailto:info@nyshc.org)