

New York State Horse Council, Inc Memberships are for the calendar year Jan. 1-Dec. 31

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First Nam		red which apply!	Last Name
Email:			Address:
Linait.			Address.
City:	State:	Zip Code:	County:
	Phone	:	
Business/Club/Organization A	dditional Information		
Name:	We	osite:	
Category:			
Options: Horse & Rider Services - Adop Education / Farrier / Horsemanship / H Therapeutic / Veterinarian. Organizatio Pony Club, College teams, etc.). Trail Se Promotional / Publications. Sales & Pro- Description (short):	umane Welfares / Lessons / Re ns & Clubs – Driving / Horse O ervices – Lodging / Camping. E	escue / Showing / Training / rganization / Horse Club / S usiness Services - Insurance	Transportation / Social / Trail / Youth (4H, Le / Legal / Marketing /
NYSHC Chapter Cattaraugus/Chautau Membership Type Individual With Insu \$60) Life Membership With First Year Commercial/Business/Association/Club/	rance (\$60) O Individual No I Insurance (\$550) O Life Men	nsurance (\$40) O Family W	ith Insurance (\$80) O Family No Insuran
NYSHC Newsletter via: OE-Mail (No Ext		10)	
*Make checks payable to N Mail paper applications with NYSHC Membership/SB PO Box 236			OFFICIAL BUSINESS ONLY Date Received: Check Number: Amount Paid: Membership # for Renewals:
Marlboro NY 12542			