



Website: nyshc.org

New York State Horse Council, Inc. 2018 Membership Form

Calendar year January 1st thru December 31st, 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: _____ Home Phone1: (____) _____ - _____ Cell #: (____) _____ - _____

Or Business / Club / Farm / Organization Membership: 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 Welfares / 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:

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

- Only Individual, Family or Lifetime 1st and w/subsequent yr. renewal includes \$1,000,000 Equisure Excess Personal Liability Insurance.
- All Memberships include one 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: Paula Pratt, NYSHC Membership Chair, 3555 Stetson Road, Bloomfield, NY 14469. If you have any questions, please feel free to call me (585) 657-4550 or e-mail at 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. Inquiries for NYSHC Quarterly Newsletter, please contact Mary Szarek (716) 837-3761 or info@wnyhorse.info.