

MEMBERSHIP APPLICATION

Mail to: MHHA, PO Box 436, Augusta, ME 04332 Phone (207)623-6442 Fax (207)623-6444 Email: info@mainehha.com

PLEASE PRINT LEGIBLY: NAME (LAST)	(FIRST)	
MAILING ADDRESS		
TOWN	STATE	ZIP
PHONE ()	CELL ()
SOCIAL SECURITY #	or Tax . The Fairs will not mail out p	ID#urse checks if they do not have all of the correc
USTA #	<u> </u>	
E-Mail address		
Physical Location(s) where horses are u	usually stabled:	
Stable	Town, State	
Membership Fees: Full Membership: This provides 3 rd party put reimbursement program and the quarterly newsle		ter insurance, voting privileges, option to join sulky
1YR \$50 2YR \$100 3YF	R \$150	
Associate Membership This provides only t MHHA elections.	the newsletter for people with a	n interest in harness racing. No voting privileges in
1YR \$20 2YR \$40 3YR	R \$60	
\$ Scholarship Contribution		
Payment Method: () Check enclosed () VIS	SA () MasterCar	d
Card number		
Expiration date/	CVC #	
Name as it appears on credit card		
Billing Address of credit card, if different	from applicant's address	