

**INDIVIDUAL MEMBERSHIP APPLICATION**

**$30**

## **Please include all your information below**

## **and email to [newenglandworkingequitation@gmail.com](mailto:newenglandworkingequitation@gmail.com) or send a check payable to:**

## **New England Working Equitation, Inc. PO BOX 22, Johnson, VT 05656**

## Is this a membership: **renewal** or **new member**? Circle One

## 

Name:

Address:

Email:

Phone:

What Working Equitation related activities are you interested in?

* Introductory Clinics
* Skill Advancement Clinics
* Schooling Shows
* Licensed Shows
* Volunteering
* Show Management
* Hosting a clinic or Show
* **Barn Membership Application $150- 6 people affiliated with a barn or stable may join.**
* **Please include all information below and email to [newenglandworkingequitation@gmail.com](mailto:newenglandworkingequitation@gmail.com) or send a check payable to: New England Working Equitation, Inc. PO BOX 22, Johnson, VT 05656**

BARN NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_ ZIP CODE\_\_\_\_\_\_

BARN WEBSITE (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Barn contact person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Barn contact person email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name E-mail Address State

1.

2.

3.

4.

5.

6.

**BUSINESS MEMBERSHIP APPLICATION**

**$50**

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**Name:**

**Business Name:**

**Address:**

**State: Zip Code:**

**Phone: Email:**

**Website:**

**What type of business?**

**Will you be providing NEWE a banner to display at events? Yes or NO. If yes, please mail to New England Working Equitation, PO Box 22, Johnson, VT 05656.**

**Please send your logo to be displayed on NEWE website and social media to [newenglandworkingequitation@gmail.com](mailto:newenglandworkingequitation@gmail.com)**