

APPLICATION FOR MEMBERSHIP

New _____ Renewal _____

I, the undersigned hereby apply for membership in the Saratoga Harness Horsepersons Association, Inc. and if accepted hereby agree to abide by its by-laws. Enclosed herewith find twenty-five dollars (\$25.00) owners, drivers and trainers for one year dues or sixty dollars (\$60.00) for three years. Ten dollars (\$10.00) for grooms and associate members.

(Mr., Mrs., Ms) _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Stable Name _____

Trainer _____

I am applying as (Please check accordingly)

Owner _____ Trainer _____ Driver _____ (\$25-1 yr, \$60- 3yrs)

Groom _____ Associate Member _____ (\$10.00)

Membership entitles you to reimbursement of race bike repairs due to damage while racing at Saratoga Casino and Raceway, however all Owners of a horse as well as the Driver and Trainer must be members of the SHHA to qualify for reimbursement.

Sixty percent (60%) of membership dues for the Saratoga Harness Horsepersons Association Inc. are not deductible by members for tax purposes.

Signature _____

Office Use Only Dated Received _____ Financial Institution _____
Received by _____ Check# _____ Cash _____