



# 2019 ACTIVE INDIVIDUAL MEMBERSHIP APPLICATION

Expires 12/31/19

HHANE membership is valid for individuals only. Benefits include participation in the Third Party Liability Insurance program offered through HHI (Harness Horsemen International). **Your HHI insurance eligibility for continuing coverage requires you to be a member in good standing by May 31<sup>st</sup>.** HHANE Sulky Accident Insurance Program (maximum \$1000 without wheels) offered at no charge for one registered/inspected sulky.

**Make changes to printed mailing address here**

USTA # \_\_\_\_\_

Mass Gaming Commission License # \_\_\_\_\_

**For insurance purposes, check all that apply**

I am applying as:

New or  Renewal

Owner  Trainer  Driver

Date of Birth (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### ATTENTION TRAINERS & DRIVERS:

**Applications must be received by May 31<sup>st</sup> to be eligible for the Retirement Savings Plan (RSP). NO EXCEPTIONS!**

**Name** (only individual memberships accepted; owners of stables or corporations must apply individually):

\_\_\_\_\_

**Home address**

St \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Do you receive mail at the above home address?  Yes  No – send mail to:

St/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

**Email:** Format: xxx @ xxx.xxx

*This is how we reach you quickly with important information.*

Cell: \_\_\_\_\_ @ \_\_\_\_\_

**Stable Information – If you race under a stable or company name, please complete:**

Stable/Co: \_\_\_\_\_ Trainer: \_\_\_\_\_

St \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**Enclosed is my check for \$25 made payable to HHANE in payment of my ACTIVE membership dues.**

I hereby apply for membership in the Harness Horseman's Association of New England (HHANE) and agree to abide by the organization's By-Laws. HHANE is my sole authorized representative for contract negotiations with PGR (Plainville Gaming and Redevelopment LLC). With this appointment I hereby revoke any and all authorities given by me for similar purposes.

If you do not agree to the following, initial here: \_\_\_\_\_

I agree to give HHANE the right to use my name, picture, portrait, or photograph in all forms and media and in all manners including such purposes as publicity, illustration, advertising, and web content.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

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- - Office Use Only - -

Rec'd \_\_\_\_\_ \$ \_\_\_\_\_ Ck # \_\_\_\_\_ DB QB MC RSP Dep \_\_\_\_\_ R&C \_\_\_\_\_

Cvg 1 2 3 4 5  Cash Receipt # \_\_\_\_\_ HHI \_\_\_\_\_