



INDIVIDUAL MEMBERSHIP APPLICATION

\$25

Please include all your information below

**and email to 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- Up to ten people affiliated with a barn or stable may join.

- Please include all information below and email to 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
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1.

2.

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10.

BUSINESS MEMBERSHIP APPLICATION

\$50

Please include all information below and email to newenglandworkingequitation@gmail.com or send a check payable to: New England Working Equitation, Inc. PO BOX 22, Johnson, VT 05656

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**