



# NEIHC Membership Application

NEIHC :: P.O. Box 153 :: Russell, MA 01071  
neicelandichorseclub@gmail.com

## Type of Membership:

---

**Adult** (Age 18 and over): \$25/year       **Youth:** Free!

## Contact Information:

---

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## Youth Membership Additional Contact Information:

---

### Name of Parent or Guardian:

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address** (if different from above): \_\_\_\_\_  
\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## Comments/Questions:

---

---

---

---

---

---

---

---

---

---

Complete and mail this form with a check for the full amount of your membership fee to  
NEIHC, P.O. Box 153, Russell, MA 01071 . Make checks payable to **NEIHC**.