



SPHO-ME Membership Application 2018

New Member OR ____ Renewal Member

If Paid Before March 1:

Family * \$25 ____ Individual \$20 ____

If Paid After March 1:

Family* \$30 ____ Individual \$24 ____

*"Family" includes spouse and/or children 17 and under

Sponsor: \$30/yr

Trotter: \$50/yr

Pace-Setter: \$100/yr

Blue Ribbon: DONATION

NAME: _____

ADDRESS: _____ City _____ State _____ Zip _____

PHONE: _____ E-MAIL : _____

SPHO-ME uses e-mail as the official form of communication, including news, notifications of meetings, and events. Please notify the name above of address changes.

HORSE(S) NAME(S) & BREED(S):

Interested in participation in:

NESA ____ Family Pleasure ____ Trail Ride/Drive ____

Make checks payable to SPHO-ME and return to: SPHO-ME

Denise Metayer
43 Rumery Road
Lyman, ME 04002

MEMBERSHIP: ____ HAY FOR HORSES DONATION: ____ TOTAL:\$ ____