

The Horse Park of New Jersey at Stone Tavern, Inc. 626 Route 524 • Allentown, NJ 08501 Phone: 609-259-0170

Fax: 609-259-0174

Email: horseparkofnj@aol.com Website: www.horseparkofnewjersey.com

MEMBERSHIP FORM

CONTACT INFORMATION:		
	Organization:	
Email:	Website:	
Cell Phone:	Home Phone:	Work Phone:
City:	State	e: Zip:
☐ I would like my name include	ed in the HPNJ online Member Directory	
MEMBERSHIP INFORMATION:		
Paid Memberships with Bene	fits* Basic Memberships	
□ Active Equestrian: \$50/year□ Business/Professional: \$75/yea□ Life Member: \$500/Life	□ Friend of HPNJ: FREE r □ Supporting Member: \$30/y □ Junior Member: \$20/year	
	essional and Life Members receive reduced ra during specially scheduled member events.	ites at selected HPNJ activities and
VOLUNTEER INFORMATION:		
 I have limited availability I am available some weekends I am available some weekdays 	I am willing to serve on a committeeI would like more information about volunteering	
I can help in the following are	eas (check all that apply):	
 □ Accounting/Bookkeeping □ Computer/Website □ Fund Raising □ Grant Writing □ Membership □ Publications/Newsletters □ Publicity/Public Relations □ Social Media □ Sponsorship □ Volunteer Coordination □ Other: 	 □ Events/Shows: Manager/Organizer □ Events/Shows: Secretary □ Events/Shows: Volunteer Coordinator □ Events/Shows: Bit Check □ Events/Shows: Gate Keeper □ Events/Shows: Ring Steward □ Events/Shows: Scribe □ Events/Shows: Scoring □ Events/Shows: Hospitality □ Events/Shows: Judge 	 □ Events/Shows: Jump Judge □ Events/Shows: Set-up/Clean-up □ Events/Shows: Farrier □ Events/Shows: Veterinarian □ Grounds: Building/Carpentry □ Grounds: Clearing/Marking Trails □ Grounds: Gardening □ Grounds: Landscaping □ Grounds: Painting □ Grounds: Repair
DONATION INFORMATION:		
 I would like to make a donation □ Under my name □ As anonymous □ With a custom attribution: 	on to: Footing Fund: \$ (
PAYMENT INFORMATION:		
☐ I would like to pay by credit card	checks payable to: Horse Park of New Jerse d (Please complete the information below)	ey)
• •	ard ☐ American Express ☐ Diner's Club	
Name on Credit Card:		MEMBERSHIP AMOUNT: \$
Credit Card Number:		DONATION AMOUNT: \$
Expiration Date:	Security Code:	TOTAL PAYMENT: \$

Please send completed Membership Form with payment to address at top of form