# CONTACT INFORMATION:

**The Horse Park of New Jersey at Stone Tavern, Inc.**

626 Route 524 • Allentown, NJ 08501

Phone: 609-259-0170

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W[ebsite: www.horseparkofnewjersey.com](http://www.horseparkofnewjersey.com/)

Email: horseparkofnj@aol.com

**MEMBERSHIP FORM**

Name: Organization:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: Home Phone: Work Phone:

Address:

City: State: Zip:

q I would like my name included in the HPNJ online Member Directory

**MEMBERSHIP INFORMATION:**

***Paid Memberships with Benefits\* Basic Memberships***

\_\_ Active Equestrian: $65/year \_\_ Junior Member $20/year

\_\_ Business/Professional: $75/year \_\_ Supporting Member: $35/year

\_\_ Life Member: $500/Life

***\*Active Equestrian, Business/Professional and Life Members receive reduced rates at selected HPNJ activities and are entitled to special park access during specially scheduled member events.***

# VOLUNTEER INFORMATION:

\_\_ I have limited availability \_\_ I am willing to serve on a committee

\_\_ I am available some weekends \_\_ I would like more information about volunteering

\_\_ I am available some weekdays

## I can help in the following areas (check all that apply):

\_\_ Accounting/Bookkeeping \_\_ Events/Shows: Manager/Organizer \_\_ Events/Shows: Jump Judge

\_\_ Computer/Website \_\_ Events/Shows: Secretary \_\_ Events/Shows: Set-up/Clean-up

\_\_ Fund Raising \_\_ Events/Shows: Volunteer Coordinator \_\_ Events/Shows: Farrier

\_\_ Grant Writing \_\_ Events/Shows: Bit Check \_\_ Events/Shows: Veterinarian

\_\_ Membership \_\_ Events/Shows: Gate Keeper \_\_ Grounds: Building/Carpentry

\_\_ Publications/Newsletters \_\_ Events/Shows: Ring Steward \_\_ Grounds: Clearing/Marking Trails

\_\_ Publicity/Public Relations \_\_ Events/Shows: Scribe \_\_ Grounds: Gardening

\_\_ Social Media \_\_ Events/Shows: Scoring \_\_ Grounds: Landscaping

\_\_ Sponsorship \_\_ Events/Shows: Hospitality \_\_ Grounds: Painting

\_\_ Volunteer Coordination \_\_ Events/Shows: Judge \_\_ Grounds: Repair

\_\_ Other:

# DONATION INFORMATION:

***I would like to make a donation to:*** Footing Fund: $

\_\_ Under my name

\_\_ As anonymous

General Fund: $

\_\_ With a custom attribution: \_ \_ \_ \_ \_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_ \_\_\_ \_\_\_ \_\_

# PAYMENT INFORMATION:

\_\_ I am enclosing a check (**Make checks payable to: Horse Park of New Jersey)**

\_\_ I would like to pay by credit card (Please complete the information below)

**Card Type:** \_\_ VISA \_\_ MasterCard \_\_ American Express \_\_Diner’s Club

Name on Credit Card:

Credit Card Number:

**MEMBERSHIP AMOUNT: $** **DONATION AMOUNT: $**

Expiration Date:

Security Code:

**TOTAL PAYMENT: $**

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

Form Date: 12/2018