

Membership Form



Membership Name: _____

Contact Name: _____

Address: _____

City State/Province/Country Zip/Postal Code

Phone: _____ Email: _____

Membership Season: _____

(Current Season is 2009-10)

Please Circle One: **NEW Membership** **Renewal**
 \$50.00 (American) \$50.00 (American)

Make check payable to: N.A.S.H.H.C.S, Inc. and mail to Stacie Lynch at the address listed below.

Thank you for your support of the Classic Series, we wouldn't be here without you!

Stacie Lynch
Show Administrator
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Goshen, CT 06756
860-491-0203 (Home)
info@naclassicseries.com