



Office Use:  
Dues Paid

I F G

Date Paid

Initials

Office Use:

Membership # \_\_\_\_\_

Date Entered

Initials

# MEMBERSHIP 2017/2018

**New England Healing Sports Association**

Participant Information

New Participant \_\_\_\_\_ Returning Participant \_\_\_\_\_

Group Name (if applicable): \_\_\_\_\_

Primary Member: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Eligible family members & Date of Birth(s): \_\_\_\_\_

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

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

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_

Primary e-mail: \_\_\_\_\_ Secondary e-mail: \_\_\_\_\_

Please communicate with me via: E mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Are you a Military Veteran? Yes  No  If Yes Branch and Years of Service \_\_\_\_\_

Do you have any medical conditions/limitations that we should be aware of? Yes  No

If Yes, please specify \_\_\_\_\_

**What will your role be at NEHSA**

Student

Summer Instructor

Winter Instructor

Shop Tech

Fundraising

Office

Other (please specify) \_\_\_\_\_

**Membership Prices:**

Individual: \$45

Family: \$70

Group: \$150

Cash, Visa, MasterCard,  
or Check payable to NEHSA

**Emergency Contact**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Please visit [www.nehsa.org](http://www.nehsa.org) to download a complete package of required paperwork**