## New England Healing Sports Association

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## **GROUP MEMBERSHIP FORM 2023-2024**

Are you a re	turning group o	new:	New Retu	ırning	
Group Infor	mation:				
GROUP/ORGANIZ	ZATION:				
ADDRESS: (STREE	T, CITY, STATE, ZIP)				
Primary Con	ntact:				
NAME:		PHONE:		EMAIL:	
Secondary C	Contact:				
NAME:		PHONE:		EMAIL:	
Please choo	se the programs	that your g	roup will be par	ticipating in with N	EHSA:
□Hiking	☐ Kayak/Paddle	board $\Box$	Skiing/Ride/Sno	owboard   Snow	vshoeing
		OFF	ICE USE ONLY		
DATE PAID:	CC/CHECK#:	INITIALS:	MEMBERSHIP #:	DATE ENTERED:	INITIALS: