



New England Healing Sports Association
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MEMBERSHIP FORM 2023-2024

Membership Options for Athletes and Volunteers (please select individual or family)

Individual: \$45 or Family: \$70 (Cash, Credit Card or Check payable to NEHSA)

Will you be joining us as an: Athlete or Volunteer

Are you a returning member or new: New Returning

NEHSA is a member-based organization where athletes and volunteers pay yearly dues to participate. These dues are used to offset the cost of our liability insurance. Individual membership covers a singular individual participation in NEHSA programs. Family membership covers the immediate (as defined by the IRS) family of a member and allows those family members equipment rentals and ticket purchasing through NEHSA.

PRIMARY MEMBER:	ADDRESS (STREET, CITY, STATE, ZIP):		
DATE OF BIRTH:	GENDER IDENTITY:	PHONE:	EMAIL:
ARE YOU A MILITARY VETERAN?	IF YES, WHAT BRANCH:	FROM (YEAR):	TO (YEAR):

Do you have any medical conditions/diagnosis/disability that we should be aware of: YES NO

IF YES, PLEASE SPECIFY:

ELEGIBLE FAMILY MEMBERS (FULL NAMES) AND DATE(S) OF BIRTH FOR FAMILY MEMBERSHIP ONLY:		
EMERGENCY CONTACT NAME:	PHONE:	RELATIONSHIP:

Please choose the program(s) that you are interested in at NEHSA as an athlete or volunteer:

Hiking Kayak/Paddleboard Ski/Ride/Snowboard Snowshoeing
 Office Shop Tech Intern Other

OTHER PLEASE SPECIFY:

OFFICE USE ONLY

DATE PAID:	CC/CHECK#:	INITIALS:	MEMBERSHIP #:	DATE ENTERED:	INITIALS:
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