



## Harness Horsemen International

319 High St. Suite 2 \* Burlington, NJ 08016 \* 609-747-1000 \* Fax 609-747-1012

### Application for Third Party Insurance

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

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

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

USTA Number: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Business Telephone: (\_\_\_\_\_) \_\_\_\_\_

Cell Telephone: (\_\_\_\_\_) \_\_\_\_\_

HHI Associations that you are a member:

\_\_\_\_\_

**This form has to be signed by an HHI Association to confirm your membership with them and that you are a member in good standing.**

\_\_\_\_\_

HHI Association President or Executive Director, etc. signature and date

Please make a check payable to HHI for \$100.00 and return the check and this completed form to MHHA, P.O. Box 349, Okemos, MI 48805.