## New England Horsemen's Benevolent and Protective Association, Inc. (NEHBPA) Member Declaration

I attest that I am a member of the NEHBPA in good standing and I understand that I am entitled to all benefits established by the NEHBPA for its members.

I acknowledge that the Article III, Section 4 (a) of the Constitution and Bylaws of the NEHBPA provides "It shall be the duty of every member of the Association to conduct himself at all times in such manner as to merit the respect of the public and to act at all times in the best interests of the New England Horsemen's Benevolent and Protective Association, Inc." I represent I have fulfilled that duty and further represent I am not a member of or otherwise affiliated with or advanced the agenda of the Massachusetts Thoroughbred Horsemen's Association, Inc. or any other organization that purports to represent Horsemen in New England in competition with the NEHBPA or has otherwise taken action contrary to the best interests of the NEHBPA.

I hereby appoint the NEHBPA as my sole and exclusive agent and authorized representative for the purpose of negotiating, executing, or refusing to execute any and all contracts and agreements with Thoroughbred racetracks, relating to Thoroughbred racing in the Commonwealth of Massachusetts.

I hereby appoint the NEHBPA as my sole and exclusive authorized representative to advocate on my behalf before legislative and regulatory bodies regarding racing related issues in Massachusetts. These authorizations are renewed automatically each year hereafter and may only be revoked by my written notification to the NEHBPA that my authorizations are withdrawn.

By these authorizations, I hereby revoke any and all previous authorities granted by me for similar purposes.

NAME (print)			
STABLE OR CORPORATION NAME (if applicable)			
ADDRESS			
CITY	STATE	ZIP	
(check one) OWNER	TRAINER	OWNER/TRAINER	
EMAIL		Phone	
SIGNATURE		DATE	

Print, sign, and fax or mail us this membership form today!

fax 617-569-3857

New England Horsemen's Benevolent & Protective Association P. O. Box 388Revere, MA 781-549-7501 \*\* fax 617-569-3857 \*\* email NewEnglandHBPA@comcast.net