

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 Constitution and Bylaws of the NEHBPA provides "It shall be the duty of every member of the Association to conduct himself/herself at all times in such manner as to merit the respect of the public and to always act in the best interests of the New England Horsemen's Benevolent and Protective Association, Inc. that 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 any other organization that purports to represent Horsemen in New England in competition with the NEHBPA or has otherwise acted 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 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each year hereafter and may only be revoked by my written notification to the NEHBPA that my authorizations are withdrawn.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 all previous authorities granted by me for similar purposes and do not hold the NEHBPA Board of Directors and any employees under contract liable or accountable for any actions while serving as Directors and Employee. Failure to complete this form will result in the loss of any existing or future benefits

NAME (print) _____ DOB ____ / ____ / ____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

(CHECK ONE) OWNER _____ TRAINER _____ OWNER/TRAINER _____

EMAIL _____ PHONE _____

SIGNATURE _____ DATE _____

Print, sign, and email or mail us this form today!

New England Horsemen Benevolent & Protective Association
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