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KSHA

Membership Application

Please Print

MEMBERSHIP TYPE

Single \$20

Family \$30

Youth \$15

Renewal? YES NO

Name(s) _____

Address _____

City, State, Zip _____

Telephone _____ Email _____

If you would like to help us save on printing costs & postage by receiving your newsletters & other KSHA show information via email, please check this box.

All youth members are automatically enrolled in Jr KSHA as well. Please list them individually below. Youth is age 18 & under as of January 1.

Name _____ Age _____ DOB _____

Name _____ Age _____ DOB _____

Name _____ Age _____ DOB _____

To nominate your horses, please include the following information, along with the \$20 nomination fee per horse. Send a copy of the registration papers for each horse that you will be showing in registered horse classes. Only horses with registration papers on file by December 1 are eligible for year-end awards in registered horse classes. You do not need to resubmit a horse's papers if they were submitted in a previous year.

Name _____ Breed _____ Reg.# _____

Name _____ Breed _____ Reg.# _____

Name _____ Breed _____ Reg.# _____

Please make checks payable to: KSHA

Mail your check with this form to:

Carol Hull
 KSHA Treasurer
 9459 SW Walnut Valley Rd
 Augusta, KS 67010

Total for Membership	\$ _____
Horse Nominations@ \$20 ea.	\$ _____
Total	\$ _____