OFFICE USE ONLY	
Rec'd:	
CK #:	
Amt.:	

## **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 sav newsletters & other KSHA show		
All youth members are automatically enry Youth is age 18 & under as of January 1.		se list them individually below.
Name	Age	DOB
Name	Age	DOB
Name	Age	DOB
To nominate your horses, please include per horse. Send a copy of the registration horse classes. Only horses with registrat awards in registered horse classes. You submitted in a previous year.	n papers for each horse that yo ion papers on file by Decembe	ou will be showing in registered er 1 are eligible for year-end
Name	Breed	Reg.#
Name	Breed_	Reg.#
Name	Breed	Reg.#
Please make checks payable to: KSHA	A	
Mail your check with this form to:		Membership \$ minations@ \$20 ea. \$
Amanda Barnum KSHA Treasurer 25853 S. 75th Hwy Lyndon, KS 66451	Total	\$