

OFFICE USE ONLY

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CK #: _____

Amt.: _____

KSHA

Membership Application

Please Print

Membership Year of: _____

MEMBERSHIP TYPE

Single \$15

Family \$25

Youth \$15

Renewal? YES NO

Name _____

Address _____

City, State, Zip _____

Telephone _____

Email _____

If you would 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 1st.

Name _____ Age _____ DOB _____

Name _____ Age _____ DOB _____

Name _____ Age _____ DOB _____

Name _____ Age _____ DOB _____

Name _____ Age _____ DOB _____

To nominate your horses, please include the following information, along with the \$15 nomination fee per horse. Send a copy of the registration papers for each horse that you will be showing in a registered horse class. Only horses with registration papers on file by December 1st are eligible for year-end awards in Registered horse classes. You do not need to submit papers if they were submitted in a previous year.

Name _____ Breed _____ Reg.# _____

Name _____ Breed _____ Reg.# _____

Name _____ Breed _____ Reg.# _____

*Please make checks payable to
Kansas Saddle Horse Association*

Total for Membership	\$ _____
Horse Nominations @ 15 ea.	\$ _____
Total Enclosed	\$ _____

**Mail your check with this form to:
Becky Dillon, 2760 Ave. M, Little River, KS 67457**