

KHJA MEMBERSHIP FORM

Member's (Rider) Name _____ KHJA Membership # _____ DOB _____

Member's Address _____ City/State/Zip _____

Rider's Email _____ Phone _____

Equitation Division (go by age as of Dec. 1st) 11 & under 12 - 14 15 - 17 Adult

Name of Horse/Pony 1 _____ KHJA Membership # _____

Owner of Horse/Pony 1 _____ Email _____

Height _____ Age _____ Sex G M S _____ Color _____

Name of Horse/Pony 2 _____ KHJA Membership # _____

Owner of Horse/Pony 2 _____ Email _____

Height _____ Age _____ Sex G M S _____ Color _____

Name of Horse/Pony 3 _____ KHJA Membership # _____

Owner of Horse/Pony 3 _____ Email _____

Height _____ Age _____ Sex G M S _____ Color _____

If additional horses/ponies need registered, please print a second copy of this form and include with payment.

In order for a horse to be eligible for points, the owner must also be a KHJA member.

MEMBERSHIP DUES

Membership dues are for one (1) year. Pricing based on each individual or family.

All KHJA membership fees are non-refundable unless a duplicate payment has been made.

Family Membership (Please list members names **AND** DOB) \$ 50.00

A Family Membership is an adult and his/her spouse (if applicable) and up to three (3) junior members (those who are under 18 years of age as of Dec. 1)

Please make checks payable to:

Kentucky Hunter Jumper Association

1. _____ 3. _____

Mail your Membership Form and check to:

2. _____ 4. _____

Sarah Coleman

PO Box 761

No. of Memberships

Georgetown, KY 40324

Senior Membership \$ 35.00 x _____ = \$ _____

Junior Membership (Under 18 years of age by Dec. 1st) \$ 25.00 x _____ = \$ _____

Horse/Pony Membership \$ 15.00 x _____ = \$ _____

Transfer of Ownership (midyear change) \$ 2.50 x _____ = \$ _____

Lifetime Membership \$ 350.00 x _____ = \$ _____

Horse Lifetime Membership \$ 50.00 x _____ = \$ _____

Farm Membership \$ 60.00 x _____ = \$ _____

A Farm Membership includes one senior membership and registration of three (3) horses.

Enclosed is my payment of: \$ _____

Donation: I would like to make a donation to the KHJA Scholarship Fund in the amount of \$ _____

Office Use Only

RECEIVED DATE	CHECK NUMBER	AMOUNT
KHJA MEMBERSHIP NUMBER		