



MEMBERSHIP FORM

Member's (Rider) Name _____ KHJA Mem. # _____ DOB _____

Member's Address _____ City/State/Zip _____

Rider's Email _____ Phone _____

Equitation Division(go by age as of 12/01) 11 & under 12 - 14 15 - 17 Adult

Points for this year to count (choose only one) Regular Division **or** Local Division

Name of Horse/Pony 1 _____ KHJA Membership # _____

Owner of Horse/Pony 1 _____ Email _____

Height _____ Age _____ Sex G M S _____ Color _____

Points for this year to count (choose only one) Regular Division **or** Local Division

Name of Horse/Pony 2 _____ KHJA Membership # _____

Owner of Horse/Pony 2 _____ Email _____

Height _____ Age _____ Sex G M S _____ Color _____

Points for this year to count (choose only one) Regular Division **or** Local Division

Name of Horse/Pony 3 _____ KHJA Membership # _____

Owner of Horse/Pony 3 _____ Email _____

Height _____ Age _____ Sex G M S _____ Color _____

Points for this year to count (choose only one) Regular Division **or** Local Division

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

MEMBERSHIP DUES

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

Family Membership (Please list members names) \$ 50.00 x ^{No. of Memberships} _____ = \$ _____

1. _____ 3. _____

2. _____ 4. _____

Senior Membership \$ 35.00 x _____ = \$ _____

Junior Membership (Under 18 years of age by 12/01) \$ 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 _____ = \$ _____

Enclosed is my payment of: \$ _____

Please make checks payable to:
Kentucky Hunter Jumper Association

Mail your Membership Form and check to:
Jennifer Duncan
1742 Lakewood Lane
Lexington, KY 40502
(859) 266-3447
jduncan@khja.org (For questions)

Please select the method of delivery for future KHJA mailings: Email Postal Service

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	DEPOSIT NUMBER
DATE	KHJA MEMBERSHIP NUMBER		