American Saddlebred Horse Association Membership Application

PLEASE PRINT:

Applicant's Name (one person only)

Street/P. O. Box No.

City, State, Zip

( ) ( )

Home Phone Business Phone

E-mail Web Site Address

Signature

❒ New Member ❒ Renewal

Check Membership Category:

❒	Life	$ 1,500.00
❒	Contributing*	$ 100.00
❒	Senior*	$ 60.00
❒	Charter Affiliate*	$ 50.00
	Name of Club _____	
❒	Junior (17 & Under)	$ 25.00
❒	Special Junior (17 & Under)	$ 50.00
❒	Youth Club Affiliate (17 & Under)	$ 40.00
	Name of Club _____	

* (18 & Over)

Enclosed is my payment of $_____ for a 12-month membership. (Foreign members outside of North America add $20.00 for postage.)

Please charge to my VISA/MasterCard No. _____ Exp. Date _____

Mail completed card to: American Saddlebred Horse Association • 4093 Iron Works Parkway • Lexington, KY 40511

859/259-2742 • Fax 859/259-1628 • E-mail saddlebred@asha.net • Web site www.saddlebred.com