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Amt.: _____	

# KSHA

## Membership Application

Please Print

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.**

Youth members are automatically enrolled in Jr KSHA. Please list them individually below. Youth is age 18 & under as of January 1<sup>st</sup>.

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

*To nominate your horses, please include the following information, along with \$15 nomination fee per horse. Send a copy of registration papers for each horse to be shown 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. Registration papers only need be submitted once.*

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**