

**APPALACHIAN HORSE SHOW ASSOCIATION, INC.
2010 MEMBERSHIP FORM**

MEMBERSHIP / NOMINATIONS MUST BE MAILED IN!

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I, hereby apply for membership in the Appalachian Horse Show Association, Inc. as follows:

JUNIOR _____ **SENIOR** _____ ***FAMILY** _____ **LIFE TIME** _____
\$15.00 (18 and under) \$20.00 (19 and over) \$30.00 **NEW!**\$200.00 (individual only)**

NAME _____

ADDRESS _____

CITY & ZIP _____

E-Mail Address _____

PHONE # _____

Family Membership: Names of each member with ages of children:

adults: _____

Children & age(s) _____

***Note: Family memberships include members of the immediate family and minor children of that family.**

HORSE BREED(S) OF INTEREST: _____

I want my email and mailing address provided to sanctioned shows for show bill & events notices

I, hereby agree to abide by all rules and regulations of the Appalachian Horse Show Association, Inc.

SIGNATURE: _____ **Date** _____

**COMPLETED FORM AND MEMBERSHIP / NOMINATION FEES SHOULD BE MAILED TO:
PLEASE MAKE CHECKS PAYABLE TO:**

APPALACHIAN HORSE SHOW ASSOCIATION, INC.

c/o Liza Fox-Mills P O Box 206 Nickelsville, VA 24271

Please visit us at:

www.appalachianhorseshow.com

Email address:

ahsboard@gmail.com

2010 NOMINATION FORM FOR HIGH POINT AWARDS

PLEASE PRINT CLEARLY, HORSE & OWNER MUST BE LISTED. EXHIBITORS MUST BE MEMBERS

DIVISION # _____
CLASS # _____ CLASS NAME _____
HORSE'S NAME _____
OWNER _____

DIVISION # _____
CLASS # _____ CLASS NAME _____
HORSE'S NAME _____
OWNER _____

(DIVISION # _____
CLASS # _____ CLASS NAME _____
HORSE'S NAME _____
OWNER _____

DIVISION # _____
CLASS # _____ CLASS NAME _____
HORSE'S NAME _____
OWNER _____

DIVISION # _____
CLASS # _____ CLASS NAME _____
HORSE'S NAME _____
OWNER _____

(If more room is needed for nominations, please attach on separate piece of paper)

***Nominations must be turned in by June 1, 2010.

MEMBERSHIP INCLUDES ONE FREE NOMINATION -
ADDITIONAL NOMINATIONS ARE \$6.00 for each CLASS added.
LIFETIME MEMBERSHIP INCLUDES ONE FREE NOMINATION PER YEAR

NUMBER OF ADDITIONAL CLASSES _____ x \$6.00 = _____

**MAKE CHECK PAYABLE TO THE AHSA, INC. THANK YOU!

**OWNER & EXHIBITORS-ALL must be members of AHSA prior to show date for the points to count towards High Point Awards. Points are not counted before your postmarked membership join date.

**AT SHOWS be sure to enter your horse's name EXACTLY as shown on nomination form, or points will not count.

I DO HEREBY AGREE THAT ALL THE INFORMATION IS CORRECT AND I AGREE TO ABIDE BY ALL THE RULES AND REGULATIONS OF AHSA.

SIGNATURE _____ DATE _____

Please visit us at:

www.appalachianhorseshow.com