



# ASHA CHARTER CLUB RENEWAL FORM

Renewals due April 30<sup>th</sup>

Name of Organization \_\_\_\_\_

State or Area Represented \_\_\_\_\_ Person to be listed as contact for club

Year Organized \_\_\_\_\_ Incorporated? Yes \_\_\_ No \_\_\_

Website \_\_\_\_\_ E-mail \_\_\_\_\_

**CHECK ONE PERSON ONLY TO RECEIVE ALL MAILINGS**

This person to receive all mailings.  This person to receive all mailings.

PRESIDENT \_\_\_\_\_ SECRETARY \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY / ZIP \_\_\_\_\_ CITY / ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ E-MAIL \_\_\_\_\_

This person to receive all mailings.  This person to receive all mailings.

VICE PRESIDENT \_\_\_\_\_ TREASURER \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY / ZIP \_\_\_\_\_ CITY / ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ E-MAIL \_\_\_\_\_

\_\_\_ Attach a list of all current paid members and mailing addresses for each.

\_\_\_ In addition to the ones listed above, attach a list of all current club officers and mailing address for each.

\_\_\_ Approximate date of annual membership meeting: \_\_\_/\_\_\_/\_\_\_ (M/D/Y)

\_\_\_ State two annual club-sponsored events (**list additional on back, we use these for statistics at year end**).

1- \_\_\_\_\_ 2- \_\_\_\_\_

\_\_\_ Enclose \$45.00 for the renewal fee.

\_\_\_ **ALL OF THE CHARTER CLUB'S OFFICERS ARE CURRENT MEMBERS OF ASHA.**

\_\_\_ There are at least 20 paid members of the Charter Club.

\_\_\_ At least 25% of the Charter Clubs membership is current members of ASHA.

\_\_\_ Current bylaws for the Charter Club are on file in ASHA office.

**Clubs that do not meet all of the requirements as outlined in the ASHA Bylaws can only be accepted provisionally, and are subject to deactivation.**

**Payment:** \_\_\_ Check or Money Order (make payable to ASHA) \_\_\_ Visa \_\_\_ MasterCard \_\_\_ AMEX

Credit Card #: \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Please complete registration form and return with remittance to:  
American Saddlebred Horse Association  
4083 Iron Works Parkway  
Lexington, KY 40511**

**QUESTIONS?: (859) 259-2742 . FAX (859) 259-1628 . saddlebred@asha.net . www.saddlebred.com**