



ASHA YOUTH CLUB APPLICATION FORM

Memberships due April 30th

Name of Club

Stable or Charter Club Affiliation

Name of Advisor

ASHA Membership #

Address

City / Zip Code

Advisor Phone

Barn Phone

E-mail

Fax Number

DON'T FORGET!!!

- Attach a list of all current members with birth dates, mailing and e-mail addresses for each*.
- Enclose your \$25.00 membership fee, payable by check, Master Card, or Visa.
- State at least one promotional event (for example, library display, mall or horse show booth) and one other event (educational, social, community service) conducted each year by the club.

1. _____

2. _____

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**